

CONSENT FOR TREATMENT:

Adults, adolescents and children, I/we hereby consent to be treated as a client or clients by independent licensed clinicians at Naper Clinical Associates, Inc.

CONFIDENTIALITY AND EMERGENCY SITUATIONS: Your verbal communication and clinical records are strictly confidential except for: a) information shared with our clinical team for consultation and b) information you and your child or children report about physical or sexual abuse; then, by Illinois State Law, I am obligated to report this information to the Illinois Department of Children and Family Services, c) information shared with your insurance company to process your claims, d) where you sign a release to have specific information shared, e) if you provide information that informs me that you are in danger of harming yourself or others. If an emergency arises for which the client or their guardian feels immediate attention is necessary, the client or the guardian understands they are to contact the emergency services in the community for those services.

RELEASE OF INFORMATION TO INSURANCE COMPANY: I authorize the release of information relating to all claims for benefits submitted on my behalf or my dependents. I authorize Naper Clinical Associates or its agents to release information to my insurance company or managed Care Company for the purpose of receiving benefits, payment or quality of assurance in addition to information released for authorization or certification of services rendered or to be rendered. I further expressly agreed and acknowledge that my signature on this document authorizes my clinician to submit for benefits, for services rendered or for services to be rendered, without obtaining my signature on each and every claim to be submitted for myself and or my dependents and that I will be bound by this agreement as though the undersigned had personally signed the particular claim. Information to be released includes but not limited: date of service, diagnosis, treatment goals, treatment progress, purpose and type of treatment, quantity and charges of services provided.

FINANCIAL: As a courtesy, we will bill your insurance company, HMO or responsible party if you wish. We ask that at each session you pay your co-pay or 50% of the fee. In the event you have not met your deductible, the full fee is due at each session until the deductible is satisfied. If your insurance company denies payment or does not cover counseling, we request that you pay the balance due at that time. If your balance exceeds, \$300.00, we will need to ask that you pay for services when rendered. After 60 days any unpaid balance will be charged 1.5% interest a month (18% APR). In the event that an account is overdue and turned over to our collection agency, the client or responsible party will be held responsible for any collection fee charged to our office to collect the debt owed. Lastly, we ask that every client authorize payment of medical benefits directly to Naper Clinical Behavioral Services, INC.

MISSED OR CANCELLED APPOINTMENTS: A 24 hour notice is required to avoid a cancellation charge of \$50.00. If you do not show up to your appointment or cancel less than 24 hours before appointment time, you will be charged \$50.00. This charge is not covered by any insurance companies and this charge will be the responsibility of the client or parent.

Patient Responsibility: I understand that I, as the recipient of services, am ultimately responsible for all charges regardless of my insurance carrier's determination of payment. I further understand that it is my responsibility to know the terms of my insurance coverage, and to obtain any necessary certification for all services rendered. I hereby agree to provide necessary information in order to receive care, to follow my agreed upon treatment plan and instructions for care, and to participate, to the degree possible, in understanding my behavioral health problems and developing with my provider mutually agreed treatment goals.

Print Name

Date of birth

Witness

Signature

Date

Signature of parent or Guarantor

Date

Children 12 years and older must sign as well of parent.