

**THERAPIST DISCLOSURE STATEMENT, ADOLESCENT CLIENT  
INFORMED CONSENT AND PARENTAL CONSENT FOR THE TREATMENT  
OF A MINOR.**

**SARA ELIE, MA, LCPC**  
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Thank you for choosing Sara Elie, MA, LCPC. Today's appointment will take approximately 45-50 minutes. I realize that starting counseling is a major decision and you have many questions. This document is intended to inform you of my polices, State and Federal Laws and your rights. If you have other questions or concerns, please ask and I will try my best to give you all the information you need. Sara Elie MA, LCPC has earned a Bachelor of Arts Degree in Psychology from Whittier College and a Masters Degree in Professional Counseling at Argosy University. She is licensed by the State of Illinois as Licensed Clinical Professional Counselor.

**CONFIDENTIALITY AND EMERGENCY SITUATIONS:** Your verbal communication and clinical records are strictly confidential except for: a) information shared with consultants, b) information (diagnosis and dates of service) shared with your insurance company to process your claims, c) information you and / or your child or children report about physical or sexual abuse; then, by Illinois State Law, I am obligated to report this to the Department of Children and Family Services, d) where you sign a release of information to have specific information shared and e) if you provide information that informs me that you are in danger of harming yourself or others f) information necessary for case supervision or consultation and h) or when required by law. In an event that I am unable to provide services and an emergency situation arises for which the client or their guardian feel immediate attention is necessary, the client or guardian understands that they are to contact their local emergency services within the community.

**CONFIDENTIALITY FOR THE ADOLESCENT CLIENT:** Confidentiality is only maintained in the above paragraph (please review thoroughly) . In regards to communicating with your parents or guardians I will not tell them specific things you share with me in our therapy sessions. This includes activities and behavior that your parents would not approve of or would be upset by, but that do not put you at risk of serious and immediate harm. However, if your risk taking behavior becomes more serious, then I will need to use my professional judgment to decide whether you are in serious and immediate danger of being harmed. If I feel that you are in such danger, I must communicate this information to your parent or guardian.

**EMERGENCY, URGENT, or OTHER CONTACTS:** You may call me anytime and leave a message on my voice mail, and I will get back to you as soon as I can. I retrieve my messages daily, and whenever possible, I will get back to you within 24 hours. I am not able to provide on call crisis or emergency services. If you have a physically or psychologically life threatening emergency, please immediately call 911, your parents, and / or the Illinois Crisis Hotline 1- 800- 273-8255.

**PROFESSIONAL FEES:** My hourly fee is \$130.00 per 45-50 minute sessions. I will bill through your insurance BCBSIL and CIGNA, otherwise payment is expected at the end of each session. I charge this amount for other professional services that you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professional you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party, my hourly rate will double. If your clinical records are subpoenaed or I am subpoenaed, you will be liable for fees generated from any associated time, i.e. testimony, travel, and postage. Periodically my fee rate is reassessed. If the fee should change, you will be informed no less than one month prior to a fee increase. If payments are not made at the time of service or in a timely manner that we have agreed upon, then I may notify debt collectors. I will charge a \$30 fee for any returned checks. In the event that an account is overdue and turned over to the collection agency, the client or responsible party will be held responsible for any collection fee charged to Sara Elie, MA, LCPC to collect the debt owed.

**INSURANCE:** I currently accept Blue Cross Blue Shield and Cigna Insurance. I will bill your insurance for the time of session.

**APPOINTMENTS and CANCELLATIONS:** We will schedule our appointments either via phone or in person at the end of a session. Please notify me via phone at 708-899-1679 if you have any schedule conflicts or emergencies which would require you to cancel our appointment. If you need to cancel our appointment please give 24 business hours advance notice, otherwise you will be **billed at the hourly rate**. I sincerely, appreciate your cooperation. If for any reason I cancel the appointment you will not be charged.

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**Client Name (Please Print)**

**Date Signed**

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**Client Signature**

**Date Signed**

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**Parent/Guardian Signature**

**Date Signed**

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## **HIPPA CLIENT RIGHTS**

### **Right to request how we contact you.**

It is my normal practice to communicate with you at your home address and daytime phone number you gave when you scheduled your appointment, about health matters such as appointment reminder, etc. Sometimes I may leave messages on your voicemail. You have the right to request that I communicate with you in a different way.

### **Right to release your medical records.**

You may consent in writing to release your records to others. You have the right to revoke this authorization, in writing, at any time. However, a revocation is not valid to the extent that I have acted in reliance on such authorization.

### **Right to inspect and copy your medical and billing records.**

You have the right to inspect and obtain a copy of your information. To request access to your billing or health information, contact Sara Elie, MA, LCPC. Under limited circumstances we may deny your request to inspect and copy. If you ask for a copy of any information, I will charge a reasonable fee for the costs of copying, mailing and supplies.

### **Right to add information or amend your medical records.**

If you feel that information contained in your medical record is incorrect or incomplete, you may ask Sara Elie, MA, LCPC to add information to amend the record. I will make a decision on your request with 60 days, or in some cases within 90 days. Under certain circumstances, I may deny your request to add or amend information. If I deny your request, you have a right to file a statement that you disagree. Your statement and my response will be added to your record. To request an amendment, you must contact Sara Elie, MA, LCPC. I will require you to submit your request in writing and to provide an explanation concerning the reason for your request.

### **Right to an accounting disclosures.**

You have the right to request an accounting of disclosures, if any, which is a list of certain disclosures such as child or elder abuse, disclosures related to suicidal or homicidal threats, and disclosures to the U.S. Dept. of Health and Human Services to evaluate compliance.

### **Right to request restrictions on uses and disclosures of your health information.**

You have the right to ask for restrictions on certain uses and disclosures of your health information. This request must be submitted in writing to Sara Elie, MA, LCPC. However, I am not required to agree to such a request.

### **Right to Complain.**

If you believe your privacy rights have been violated, please contact Sara Elie, MA, LCPC personally and discuss your concerns. If you are not satisfied with the outcome, you may file a written complaint with the U.S. Department of Health and Human Services. An individual will not be retaliated against for filing such a complaint.

### **Right to receive changes in policy.**

You have the right to receive any future policy changes secondary to changes in state and federal laws. This can be obtained from Sara Elie, MA, LCPC.

## **HIPAA NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Sara Elie, MA, LCPC has been and will always be totally committed to maintaining clients' confidentiality. I will only release healthcare information about you in accordance with federal and state laws and ethics of the counseling profession.

This notice describes our policies related to the use and disclosure of your healthcare information.

Use and disclosure of your health information is for the purpose of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.

**TREATMENT** I may need to use or disclose health information about you to provide, manage or coordinate your care or related services. This could include consultants and potential referral sources.

**PAYMENT** Information needed to verify insurance coverage and/ or benefits with your insurance carrier, to process your claims as well as information needed for billing and collection purposes. I may bill the person in your family who pays for your insurance.

**HEALTHCARE OPERATIONS** I may need to use information about you to review the treatment procedures and business activity. Information may be used for certification, compliance and licensing activities.

### **Other uses or disclosures of your information which do not require your consent**

There are some instances where I may be required to use and disclose information without your consent. For example (but not limited to): Information you and/ or your child or children report about physical or sexual abuse; then by Illinois State Law, I am obligated to report this to the Department of Children and Family Services. Information provided by you that informs us that you are in the danger of harming yourself or others. Information to remind you about or to reschedule appointments or treatment alternatives. Information shared with law enforcement if a crime is committed on our premises or against our staff or as required by law such as a subpoena or court order.