



**SERVICE AGREEMENT / CONSENT FOR TREATMENT**  
*Staff Practice*

The Family Institute at Northwestern University is committed to strengthening and healing families from all walks of life through clinical service, education, and research. The Family Institute offers a wide range of high-quality behavioral health care through our staff practice and sliding-fee-scale clinic.

Each location's hours are by appointment only. Please be aware that children under 12 years old cannot be left alone in waiting rooms. If your children are not participating in your session, please plan for their care.

**TERMS OF AGREEMENT:**

- I. **SERVICES:** Services may include, but are not limited to, family, couple, individual and group therapy, as well as psychological testing, school consultation and other diagnostic services as recommended by the clinician. Services may also include the participation of parents/guardians and other significant family members, when appropriate. You or your clinician may suggest other kinds of services (non-direct) outside the scope of normal therapy that would be billable separately such as school visits, court appearances, phone consultations, writing or reviewing letters, reports, etc. Recommendations for treatment are first discussed with and approved by clients. Family Institute clinicians often work with multiple members of the family in different modalities (e.g., individual, couple, or family therapy) and may consult with each other and share information in order to provide effective and coordinated care. (1) When multiple clinicians are seeing different family members, the clinicians will secure your written consent before sharing information. (2) Clinicians may share information with supervisors without your consent. (3) Clinicians can share de-identified information without your consent. (4) If you are in couple or family therapy, information provided separately by those participating is shared among members participating in that type of treatment at the therapist's discretion and without your written consent. Treatment length will be evaluated based on progress towards mutually agreed upon goals for therapy.
- \_\_\_\_\_ (Client initials)

II. **FEES & INSURANCE:** Clients are expected to pay all fees at the time of service.

Clients are expected to keep a saved payment method on file to ensure any client responsibility is paid timely. If you wish to change your payment method, you can update this with our team at any time. If your credit card should decline, you will be notified by our team and are expected to update this information.

If clients become delinquent in payment of fees, The Family Institute may suspend or terminate treatment. Unpaid bills are turned over to collections agency after an appropriate attempt to collect.

Fees for Staff Therapy: Your clinician's hourly fee was discussed with you at the time of scheduling your appointment. Please note your financial responsibility will vary based on the exact services provided, your use of insurance, your clinician's insurance status, etc.



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Regarding Use of Insurance: Not all therapists at The Family Institute are providers for all health insurance plans. Some TFI therapists are in-network with BCBS PPO and BCBS BlueChoice, while others are not. Some TFI therapists are Medicare providers, while others are not. Even with the use of insurance, clients will likely have some financial responsibility including any services not covered by insurance, e.g., co-payments, deductibles, uncovered and ineligible services and all charges for services provided over the maximum allowable benefit for the year. We encourage clients to contact member services at their insurance company regarding their benefits prior to the first session so they are aware of what may or may not be covered.

If you do not have BCBS PPO, BCBS Blue Choice, or Medicare, all other insurance policies are considered out of network. Please be aware that having an out of network insurance means - we are not participating members of your health insurance company and/or your policy, there will be no coverage and fees are expected to be paid up front at the time of service.

Medicare

Clients with Medicare as their primary insurance and Blue Cross Blue Shield as their secondary must see a Medicare provider to utilize their benefits. Clients are responsible for checking their eligibility and benefits prior to their first session including making sure their provider accepts Medicare.

Self-Pay Providers

If you are seeing a non-insurance provider and you are a Blue Cross Blue Shield member, you will be considered a self-pay client and payment will be expected to be paid in full at the time of service. The Family Institute will provide out of network courtesy billing for self-pay clients with certain insurances. This means clients will pay for services in full and our team will submit claims to your insurance and ask them to reimburse you directly if your policy allows for that.

Fees for services (non-direct) outside the scope of normal therapy are billable separately at the clinician's regular fee in 10-minute increments. These may include school visits, court appearances, phone consultations, email correspondence, writing or reviewing letters, reports, etc. These charges are not typically reimbursed by insurance. It is recommended that you discuss with your therapist their approach to handling such charges, and the type of non-direct services that are likely to occur during the course of your work together.

\_\_\_\_\_ (Client initials)



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- III. **APPOINTMENT CANCELLATION POLICY:** Charges apply for psychotherapy appointments canceled (or changed) with less than 24 hours' notice. Extenuating circumstances are considered when appropriate. However, insurance benefits do not cover cancellation charges.

\_\_\_\_\_ (Client initials)

- IV. **CONTACTING CLINICIANS:** Clients may leave confidential messages for their clinicians utilizing the Patient Portal or the voice mail system of The Family Institute at any time. The Family Institute does not provide after hours or emergency services. In case of emergencies, please call 9-1-1 or go to the emergency room.

\_\_\_\_\_ (Client initials)

- V. **QUALITY IMPROVEMENT / RESEARCH:** I understand that The Family Institute's mission includes research. I agree that The Family Institute may use my de-identified (anonymous) questionnaire data for quality improvement/quality control and research purposes in accordance with the law. I may be contacted for potential recruitment into a specific research study, at which time I may choose to enroll or decline to participate. No identifiable information will be used without my explicit consent. There will be no adverse consequence to declining to participate in any proposed research.

- VI. **ELECTRONICALLY FACILITATED PSYCHOTHERAPY / TELETHERAPY:** At some point during your care, you may choose to receive electronically facilitated services from The Family Institute. To protect your privacy in accordance with the federal requirement defined in the Health Information Privacy and Affordability Act (HIPAA), these services will be provided via a video platform that is HIPAA compliant. As with all electronic forms of communication, there are risks to privacy that do not exist in face-to-face therapy that cannot be completely removed despite following best privacy practices.

At this time most teletherapy services are being covered by insurance policies as they are treated similarly to in-person visits. However, coverage for teletherapy is not guaranteed and is subject to change by your insurance carrier. Therefore, if your plan does not cover teletherapy and you choose to use these services, you agree to be wholly responsible for the cost of these services, which will be billed at the usual rate for your therapist's time. You agree to be responsible for providing the computer and/or necessary telecommunications equipment and internet access if you choose to utilize teletherapy sessions, as well as, arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for these sessions.

- VII. **COMMUNICATIONS:** Periodically, The Family Institute sends news and updates on its various programs and activities. You will receive eNewsletters, helpful Tips of the Month, donor stewardship materials and invitations from The Family Institute. If at any time you wish to stop receiving these communications, please send written communication to the Privacy Officer of The Family Institute, 618 Library Place, Evanston, IL 60201 or click "Unsubscribe" in the footer of any received email.



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- VIII. **AUDIO AND VIDEO RECORDING:** Staff clinicians may wish to record sessions. **Audio and video recordings may be reviewed by the clinician and/or their supervisor to assure high quality of care. Audio and video recordings are considered protected health information and will not be used or shown outside of clinician / supervisor review without the client’s written consent. Once they have been reviewed, they are deleted.**

I/We grant permission to The Family Institute to make video and/or audio tape recordings with me/us and my/our family for *supervision or clinical consultation*. I/We will always be notified when tapes are being made, and I/we may refuse video and/or audio taping of interviews at any time.

\_\_\_\_\_ (Client initials)

**Client does not consent to recording**

- IX. **FOID MENTAL HEALTH REPORTING REQUIREMENT:** As per Illinois Firearm Concealed Carry Act, all physicians, clinical psychologists and qualified examiners are required to notify the Department of Human Services (DHS) within 24 hours of determining a person to be a Clear and Present Danger to themselves or others, Developmentally Disabled or Intellectually Disabled, regardless of the provider’s practice, the person’s age or any other diagnosis of this person.

\_\_\_\_\_ (Client initials)

- X. **MANDATED REPORTING:** All clinical service providers at The Family Institute are mandated reporters. This obligates them to comply with the Abused and Neglected Child Report Act that states that any worker “having reasonable cause to believe a child known to them in their professional capacity may be an abused or neglected child shall immediately report or cause a report to be made to the Department.” All mandated reporters in the State of Illinois are also required to report suspected or reported “abuse, neglect or financial exploitation” of individuals over the age of 60 years to the Department of Aging.

\_\_\_\_\_ (Client initials)

- XI. **NOTICY OF PRIVACY PRACTICES:** By signing, you acknowledge that you have received the Notice of Privacy Practices of The Family Institute at Northwestern University. This Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

\_\_\_\_\_ (Client initials)



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**Client Consent to Terms of Agreement:**

I/We, the undersigned, understand this Service Agreement and apply for services at The Family Institute in accordance with this agreement. A signature is required from the parent or guardian(s) who has legal responsibility for medical decisions for children in treatment. By signing this document, I consent that I have the legal authority to make medical decisions and consent to treatment at The Family Institute for my child.

I/We understand that I/we have the right to revoke this consent at any time. This revocation must be in writing to The Family Institute.

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Signature of Client (age 18 or older) or Parent/Guardian Date

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Signature of Minor Client (age 12 to 17) Date