dr. allison
LICENSED CLINICAL PSYCHOLOGIST
& associates

Consent to Treatment and Services Contract

Welcome. The decision to seek therapy is important and personal, and it can sometimes be uncomfortable, not quite knowing what to expect. This document is designed to help you understand more about therapy and what it might be like to work with me.

Therapy is a unique process, one that aims to guide you through challenges and roadblocks, helping you move towards health and authenticity. My goal is to create a space where change is possible, a space where growth is safe and cultivated. Using an evidence-based approach, I work to help you gain awareness of your emotional experience, working together to understand this and the way you experience and interact with the world. I work to help you identify and explore parts of yourself that you may not be completely comfortable with, learning to tolerate discomfort that surfaces in the process. I will challenge you to try something different, encouraging a more intentional and mindful approach, creating a healthier and more balanced way of living. I encourage you to communicate openly about your experience in therapy, bringing up any questions or concerns you have with me.

Appointments
Appointments are typically scheduled on a weekly basis, though this may vary based on your concerns and treatment needs. Appointments are typically 55 minutes long, though this may vary. If you need to cancel or reschedule an appointment, please do so within 24 hours of your scheduled appointment. If you do not cancel or reschedule within this time frame, you will be charged a $75 fee. This fee is typically not covered by insurance, and therefore, will be your responsibility.

Insurance
When possible, I will bill your health insurance for services provided, which often requires the release of some medical and other information needed to process your claim. This information typically becomes a part of the insurance company's files, and I have no control with what they do with it once it is in their hands. While I will verify your insurance coverage and benefits, it is not a guarantee of coverage, and I encourage you to contact your insurance provider to learn more about your coverage.

Billing and Payments
The rate for a 55-minute session is $180. If a longer or shorter session is necessary, the fee will be adjusted accordingly. The rate for initial evaluation sessions is $230. Self-pay rates may be adjusted based on a variety of factors. You are responsible for out of pocket costs that may be incurred. You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless your insurance coverage

requires another arrangement. If other services, such as telephone conversations, email exchange, or preparation of documents, take an unusual amount of time, there may be a charge. Accounts are delinquent after 60 days, and if timely payment becomes an issue, it may result in the discontinuation of non-emergent treatment until your bill is paid. Credit card, check, and cash are accepted. Please make checks payable to Allison Niebes-Davis, Ph.D., Ltd.

Communication

You may contact me:

Dr. Allison (630-441-4415) or email (drallison@drallisonanswers.com).
Dr. Kelly (630-822-8279) or email (drkelly@drallisonandassocites.com).
Dr. Jennifer (630-822-8271) or email (drjennifer@drallisonandassociates.com).

While I am often not available for immediate contact, I do my best to check voicemails and messages regularly throughout business hours, returning contact within 48 hours. Please know that email and other forms of electronic communication, such as social media sites and text message, may present risks in regard to confidentiality.

Emergencies

I am typically not available outside of business hours. If you have an emergency, please call 911 or go to your nearest Emergency Department. If you are feeling suicidal, you can also contact the National Suicide Prevention Lifeline (1-800-273-8255), which is typically available 24/7.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

_____
Patient's printed name

_____
Patient's signature Date

_____
Patient's Legal Representative (if different) signature Date

Credit Card on File Policy

In order to ensure timely payment and minimize delinquent and outstanding account balances, a credit card is required to be kept on file to receive services from Dr. Allison and Associates. Accounts that are 60 days or more overdue, without a formal payment plan in place, will have the card on file charged accordingly. If the card on file declines for any reason, the overdue balances may be forwarded to a collections agency.

Card Holder's Name:

Credit Card Number:

Expiration Date:

Security Code (3 digits on back of card, 4 digits on front of Amex):

Type of Card (i.e. Visa, Amex, etc.)

Billing Zip Code:

Card Holder Phone:

Card Holder Signature: Date:

I understand that by signing above, I am authorizing Dr. Allison and Associates to charge my card for balances outstanding for 60 days or more. These balances may include co-pays, co-insurance amounts, deductibles, no-show fees, late cancellation fees, payment plan agreements, and other accrued fees. Dr. Allison and Associates will contact me if my card is declined or expired. If a new card is not provided and payment is not received, non-emergent services may be suspended. Credit card information is securely stored with Dr. Allison and Associates' Practice Management Services.

New Client Information

Name:	Date of Appointment:
Date of Birth:	
Street Address:	
City:	State: Zip:

Cell Phone:	May Dr. Allison leave a message? □No □Yes
Home Phone:	May Dr. Allison leave a message? □No □Yes
Work Phone:	May Dr. Allison leave a message? □No □Yes
Email:	May Dr. Allison leave a message? □No □Yes
Which number do you prefer your Provider call first?	

Name of Insurance Plan:	
ID Number:	Group Number:
Policy Holder Name:	
Policy Holder Date of Birth:	Policy Holder Employer:
Policy Holder Home Address and Phone:	

Gender:	Ethnicity:
Sexual Orientation:	Relationship Status:
Occupation:	Employer:
Referral Source (i.e. doctor, friend, internet, etc.)	
May I contact them to say "thank you" for their referral? □No □Yes	
Have you ever served in a branch of the armed forces? □No □Yes; if yes, please list what branch, when, and how long you served.	

Emergency Contact Name:	
Emergency Contact Phone:	
Emergency Contact Relationship:	

Please describe the concern(s) that prompted you to seek therapy?

Have you ever experienced any physical, emotional, or sexual abuse? □No □Yes; if yes, please explain to your comfort level.

Is there a history of mental health, medical, alcohol, or other substance abuse concerns in your family? □No □Yes; if yes, please explain to your comfort level.

How would you describe your childhood?

How often do you use the following substances?	
Cigarettes/Nicotine:	Alcohol:
Marijuana:	Caffeine:
Other (include recreational use of prescription drugs):	

Are you currently taking any medication? □No □Yes; if yes, indicate below.	
Name of medication:	Daily Dose:
Name of medication:	Daily Dose:
Name of medication:	Daily Dose:
Name of medication:	Daily Dose:
Name of medication:	Daily Dose:

Is there anything else that is important for your Provider to know that has not been documented on this form? □No □Yes; if yes, please explain to your comfort level.

HIPAA Notice of Privacy Practices

This notice describes how medical information may be used and disclosed and how you can obtain access to this information. Please review it carefully.

Protected health information (PHI) means any of your health information that could be used to identify you. Some examples of PHI include:

- Medical records, including doctor's notes.
- Demographic information, such as your name, address, phone number, and date of birth.
- Billing and payment information, such as the name of your health insurer.

Dr. Allison and Associates is required to give you this Notice of Privacy Practices to comply with the regulations (the Privacy Rule) established under federal laws (the Health Insurance Portability and Accountability Act or HIPAA). Dr. Allison & Associates is committed to protecting your medical and personal information, in accordance with HIPAA and other federal and state laws, and in using that information appropriately.

This Notice is intended to describe your rights and to inform you about the ways in which Dr. Allison and Associates may use and disclose your PHI. Dr. Allison and Associates uses an electronic medical record (EMR) to keep a record of the care and services you receive, as well as to maintain medical and billing records.

How Dr. Allison and Associates uses and discloses your PHI

The following describes the ways Dr. Allison and Associates may use and disclose your health information. Except for the purposes below, Dr. Allison and Associates will not use or disclose your personal health information without obtaining appropriate written authorization from you.

Treatment. Dr. Allison and Associates may use and disclose PHI to provide, coordinate, or manage your health care and other services related to your health care. For example, your Provider may consult with another health care provider, including your primary care provider or psychiatrist, with whom you have engaged in treatment.

Payment. Dr. Allison and Associates may use and disclose PHI to send bills and collect payment from you, your health insurer, or other third parties. For example, your Provider may disclose PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

Health Care Operations. Dr. Allison and Associates may use and disclose PHI for activities that relate to the operation and performance of her practice, such as quality assessment and enhancement activities, protocol development, or business planning and development.

Business Associates. Dr. Allison and Associates may contract with outside businesses to manage or enhance your care. An EMR program is an example of this, and business associates are required to follow portions of the federal privacy law to appropriately guard your PHI in the same manner as Dr. Allison and Associates.

Communications and Appointment Reminders. Dr. Allison and Associates may contact you to remind you of an appointment or to follow-up about a previous or upcoming appointment. Dr. Allison and Associates usually communicates via email or phone, and your Provider may leave messages or voicemails for you.

Individuals Involved in Your Care or Payment for Your Care. Dr. Allison and Associates may, when appropriate, release PHI about you to a family member, friend, or someone you designate to be involved in your care or payment for your care.

As Required by Law. Dr. Allison and Associates is required to release PHI as it relates to federal, state, or local laws.

To Avert Serious Threat to Health or Safety. Dr. Allison and Associates may disclose PHI if your Provider feels the health or safety of you or someone else is threatened.

Public Health Risks. Dr. Allison and Associates may disclose PHI for public health activities, including to prevent or control disease, injury, or disability, to report vital statistics, to report abuse or neglect of children, elders, or dependent adults, or to notify a person who may have been exposed to a disease.

Health Oversight Activities. Dr. Allison and Associates is permitted to disclose PHI to a health oversight agency for activities authorized by law, including investigations, inspections, audits, and other similar proceedings.

Disputes, Lawsuits, and Administrative Proceedings. If you are involved in a lawsuit or dispute, Dr. Allison and Associates may disclose PHI in response to a court or administrative order. Dr. Allison and Associates may also disclose PHI in response to a subpoena, discovery process, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested, if that is required by law. Illinois law may require a court order for the release of patient health records in these circumstances and may be considered more protective of your privacy than the Privacy Rule.

Law Enforcement. Dr. Allison and Associates may disclose PHI if asked to do so by a law enforcement official for the following purposes:

- In response to a court order, subpoena, summons, warrant, or similar process.
- To identify or locate a suspect, missing person, or fugitive.
- About the actual or suspected victim of a crime if, under limited circumstances, Dr. Allison and Associates is unable to obtain the person's authorization.
- About a death that Dr. Allison and Associates believes may be the product of criminal conduct.
- About crimes that occur on the property of Dr. Allison and Associates' office.
- In emergency circumstances to report a crime, the location of a crime or victims, or the identity, description, or location of the person who committed the crime.

Disaster Relief. Dr. Allison and Associates may disclose PHI to appropriate disaster relief organizations, carrying out disaster relief efforts. You can object to such disclosures, unless Dr. Allison and Associates determines that restricting the disclosure would interfere with the ability to respond to emergency situations.

Workers Compensation. Dr. Allison and Associates may release PHI to the extent necessary to comply with workers' compensation or similar laws related to work-related illnesses or injuries.

Specialized Government Functions. Dr. Allison and Associates may use or disclose PHI to aid in specified government functions, including:

- **Military and Veterans**: Dr. Allison and Associates may disclose PHI of armed forces personnel as required by military command authorities to assure the completion of a military mission.
- **National Security and Intelligence Activities**. Dr. Allison and Associates may disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by the law.
- **Protective Services for the President and Others**. Dr. Allison and Associates may disclose PHI to authorized federal officials so they may provide protection to the President or other authorized persons or foreign heads of state or to conduct special investigations.
- **Inmates and Law Enforcement Custody**. If you are an inmate of a correctional institution or under the custody of a law enforcement official, Dr. Allison and Associates may release the PHI of inmates and others in law enforcement custody to the correctional institution or law enforcement official, where necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety, security, and good order of the correctional institution.

Other Uses of Medical Information. Uses and disclosures not covered by this Notice will be made only with your written permission. If you provide Dr. Allison and Associates permission to use or disclose PHI, you may take back that permission, in writing, at anytime. If you take back your permission, Dr. Allison and Associates will no longer use or disclose the PHI for the reasons covered in your authorization. You understand that Dr. Allison and Associates is unable to take back any disclosure that your Provider has already made with your permission. Dr. Allison and Associates is required to retain her records of the care that your Provider has provided to you.

Your Rights Regarding Your Protected Health Information

Right to Request Restrictions. You have the right to request restrictions or limitations on Dr. Allison and Associates' uses or disclosures of protected of PHI about you or your treatment, payment for services, or health care operations. Please note, Dr. Allison and Associates is not required to agree to the restriction you request.

Right to Request Confidential Communications. You have the right to request that Dr. Allison and Associates communicate with you in a certain way or at a certain location. For example, you may ask that Dr. Allison and Associates not contact you at work or that your Provider send mail to an alternate address. You do not have to give a reason for your request, and Dr. Allison and Associates will try to accommodate all reasonable requests.

Right to Inspect and Copy. You have the right to review and copy a designated set of your health record. This usually includes medical and billing records, but may not include psychotherapy notes. You may request a written explanation or summary of the information in your medical or billing records. To inspect and copy PHI, you must make your request, in writing, to Dr. Allison and Associates. Your Provider has up to 30 days to make your PHI available to you, and your Provider may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

Right to Amend. You have the right to ask Dr. Allison and Associates to amend or change PHI if, in your opinion, your medical records are incomplete or incorrect, as long as PHI is kept by or for Dr. Allison and Associates. A request to amend your medical records must be made in writing and must be submitted to Dr. Allison and Associates, stating the reasons for amendment. Dr. Allison and Associates is not required to grant this request.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures Dr. Allison and Associates made of PHI for purposes other than treatment, payment, and health care operations, or for which you provided written authorization. A request for an accounting of disclosures must be made in writing and must be submitted to Dr. Allison and Associates.

Right to Breach Notification. You have the right to be notified, in writing, if PHI is breached.

Insurance Billing Restriction: If you pay for a service, 100% out of pocket and in full, you have the right to request that your insurance company not be billed or provided with PHI related to such service.

Right to Complain. You have the right to complain if you think your privacy rights have been violated. Dr. Allison and Associates encourages you to discuss your concerns with her. You can also contact the United States Department of Health and Human Services. Dr. Allison and Associates can provide you with the appropriate address upon request. You will not be penalized for filing a complaint.

Amendments to this Notice

Dr. Allison and Associates reserves the right to amend or change this Notice at any time, in whole or in part. Dr. Allison and Associates is required to amend this Notice as necessary due to changes in the Privacy Rule. A copy of the current Notice is available at Dr. Allison and Associates' office.

Acknowledgement of Receipt of Notice of Privacy Practices

_____

Printed Name of Patient Date

I acknowledge that I have had the opportunity to review Dr. Allison and Associates' Patient Rights and Responsibilities.

_____

Signature of Patient or Personal/Legal Representative Date

If personal/legal representative, indicate relationship to patient:

_____