

ERIN LIEBMAN

School Psychologist, Reading Specialist, Licensed Clinical Professional Counselor

INFORMED CONSENT

Professional Services:

I am a School Psychologist, Reading Specialist, and Licensed Clinical Professional Counselor. I hold an educational specialist degree and masters in education. In addition, I have a clinical counseling license in the state of Illinois. To obtain a clinical license requires substantial supervised clinical experience, and the passage of the National Mental Health Counselor Examination. This licensure provides me the opportunity to practice therapy, cognitive, social/emotional, and academic assessments.

Treatment:

Treatment is tailored to meet each individual's need. Cognition, emotions, and behavior will be explored through a variety of techniques, depending on the age and needs of the client. Examples of some common therapeutic techniques include talking, role-playing, journaling, and imaginative play. These methods help to provide symptom reduction, and increase an overall feeling of wellbeing. During this process, there is a risk of a temporary increase unwanted feelings, such as anger, anxiety, or sadness as the client is beginning to heal. Through the therapeutic relationship, it would be my hope that we can work together through these challenges, and reach the client's designated goals.

In addition to providing direct therapeutic services, I am also well versed in cognitive, behavioral, and academic assessment. The components of such evaluations will be determined based on the child's present level of functioning, and parents' desired areas of concern. While certain strengths and weaknesses may be identified as a result of this assessment, I cannot determine a school's plan of action based on any identified diagnosis or recommended interventions. These services are also available to college age students and adults.

Appointments:

Therapy appointments are typically 50 minutes, and occur once a week; however, sessions can be longer or more regular. Duration and frequency of appointments is a result of the client's goals.

Clients interested in obtaining assessments will be subject to a different appointment format. The scope of the assessment, child's age, and accessibility will determine the frequency and duration of meetings.

Billing Policy:

I charge a fee of \$120 for a 45-minute session, and \$140 for a 60-minute session. The first two sessions are a 45-minute (30 minute for children), diagnostic assessment, and is a flat fee of \$150. Full payment/co-payment will be rendered at the time of service.

Fees for academic, cognitive, and behavioral assessments will vary depending on the number of assessments. There will be a flat fee of 100 dollars for a consultative session, to identify what steps are necessary moving forwarded. At that time, a fee for the entire assessment will be determined. I charge \$150 per hour, with an assessment taking at least 3 hours.

ERIN LIEBMAN

School Psychologist, Reading Specialist, Licensed Clinical Professional Counselor

I am a Blue Cross Blue Shield, Cigna, and Aetna provider, and will bill through insurance for services if requested. Depending on your plan, you may be responsible for the session fee until your deductible has been met. This cost would incur in addition to the designated co-pay. It is the client's responsibility to determine if the sessions are covered by insurance. If you have an alternative insurance carrier, the necessary information is documented in my billing statement to apply for reimbursement. It is your responsibility to inquire regarding the plan's coverage.

Sliding scale fees may be considered for new clients only in the case that a client does not have insurance. Current clients who suffer financial hardships would be eligible for fee adjustments at the therapist's discretion.

Cancellation Policy:

In the event that you cannot attend a session, please provide at least 24 hours advance notice. Without this notice, you will be charged a fee of \$25. Please be aware that insurance providers do not cover missed session, and the entire fee will be paid out of pocket.

Medication, Referral and Hospitalization:

If a client requires medical intervention, there will be an opportunity to discuss referral options. If a client begins therapy already taking medication, I will collaborate and/or consult with the prescribing physician as necessary. At any point, if a higher level of care is required, we will discuss how to supplement and/or replace current therapeutic work.

Privacy and Confidentiality:

I am required by law, and the ethics of the American Counseling Association, to maintain client confidentiality. This includes the content of our treatment plan, conversations, and the fact you met with me. In order to provide information to a third party, written consent must be obtained. The following are LEGAL EXCEPTIONS to patient confidentiality:

1. If, and when, I believe there is a clear and imminent threat of you harming yourself, or another person, I am required to take action to protect you, or a potential target.
2. If I have reason to believe abuse is being perpetrated on a minor, the elderly, or a person with a disability, the appropriate state agencies will be contacted.
3. Law enforcement may be contacted if a crime occurs on the premises, or as required by law, in the case that a subpoena is issued, and the court deems that confidentiality is not privileged.

When seeking third party reimbursement for mental health services, your insurance provider has the right to request information to determine your eligibility for payment. Your signature, on this form, provides consent to the following: Dates of treatment, types of treatment, nature of issues, and a diagnosis.

If any of the above situations were to transpire, we would have a discussion prior to any action being taken.

ERIN LIEBMAN

School Psychologist, Reading Specialist, Licensed Clinical Professional Counselor

Consultation:

Because peer collaboration is considered best practice, I may consult with other licensed mental health professionals to discuss your treatment plan. This allows me to provide the highest quality care. In this situation, the client's identity, and demographic information, will not be provided. The information that is shared will remain confidential between myself and other professional(s).

I have read the policies stated above, and my questions and concerns have been answered at this time. I fully acknowledge and understand that I must comply with these conditions.

Print Name: _____

Signature: _____

Date: _____