

MONICA SCHMITT, PSY.D.
Clinical Psychologist
1755 Park Street • Ste. 300 • Naperville, IL 60563
Phone 630-983-0885 • Fax 630-983-4839

CLIENT INFORMATION BROCHURE

Welcome to my psychotherapy practice. This document contains information regarding my practice to help you understand the policies as well as achieve the best treatment outcome. If you have any questions or concerns after reading this brochure, please feel free to ask questions.

Psychological Treatment:

Participating in psychological treatment is a collaborative process between the clinical psychologist and patient. Psychotherapy may result in a number of benefits to you, including improving interpersonal relationships and resolution of part or all of the concerns that led you to seek therapy. Psychotherapy may also help facilitate positive growth and development. Working toward these benefits requires effort on the part of the patient. Psychotherapy requires involvement, honesty, and openness in order to change thoughts, feelings and/or behavior. During treatment, remembering or talking about unpleasant events, feelings or thoughts can result in considerable discomfort or strong feelings. Together, we can address the discomfort or strong feelings that arise during the course of treatment. Psychotherapy is a process of discovering what will work for each individual patient. Change will sometimes be easy and swift and/or it may be difficult and slow.

During the course of therapy, I will likely draw on various therapeutic approaches to deal with problems or concerns that you hope to address. The therapeutic approach used will depend on the presenting issue, evidence based research/practices and my professional judgment. If the patient has any questions about the therapeutic approach used in the course of treatment, the patient should not hesitate to ask. If I conclude that the patient could benefit from other treatment methodologies that I do not provide, I will refer the patient to another professional. I do not take on patients that I do not think I can help. Therefore, I enter our relationship with optimism. If at any point during treatment, I assess that as the clinical psychologist I am not effective in helping the patient, treatment will be terminated and the patient will be referred on to another professional.

In general, I recommend that patients attend weekly therapy sessions. At times, depending on the severity of the symptoms, I will recommend that patients come in twice a week if more intensive therapy is needed.

Office Hours:

My office hours are Monday-Thursday and every other Friday. Patients who need to speak with me can leave a message on my confidential voicemail at the number listed above. I check messages throughout the day during my office hours. Most phone calls are returned within 24 hours, except weekends/holidays. Voicemail messages left on Friday or over the weekend will be returned the following week.

Emergency Contact:

The services I provide are offered in the form of regularly scheduled visits of a non-emergency nature. Please be aware that my office is not set up to provide emergency services. If a mental health

emergency arises, please contact the nearest emergency room, contact the DuPage County Crisis Center, or seek out crisis services within your own community.

Fee for Service:

My practice is committed to providing the best treatment for my patients, and I charge what is usual and customary. The fee for the initial diagnostic evaluation is \$215. Subsequent individual psychotherapy sessions are \$160. The fee for a family psychotherapy session is \$180. In addition to weekly appointments, I charge for other professional services that you may need or request. Other services include report writing, review of previous records, telephone conversations lasting more than 5 minutes, preparation of records and treatment summaries and any time spent performing any other service that you may request.

Insurance Coverage:

Typically, your health insurance policy will provide some coverage for mental health treatment; however, you are ultimately responsible for full payment of my fees. Since the insurance contract is an agreement between you and your insurance carrier, it is very important that you call your insurance company to find out what mental health services your insurance policy covers. If applicable, authorizations for services must be obtained by the patient prior to the office visit.

I am a participating provider with Blue Cross Blue Shield PPO and Private Health Care System PPO. Insurance claims will only be filed for patients who are participating in Blue Cross Blue Shield PPO and Private Health Care System PPO. Patients who are members of PPO's may be required to pay a co-payment, co-insurance, and/or deductible. Co-payments are due at the time of service.

Those patients who use out of network insurance will need to provide payment for the full fee at each appointment. Clients selecting to self-pay are asked to keep their accounts current and to pay for each session on that day. Visa, MasterCard, Discover, cash and checks are acceptable forms of payment. Self-pay clients will receive a superbill that contains all the codes necessary for obtaining insurance reimbursement.

Delinquent Account:

Accounts with no payment activity or those with a previous payment arrangement that are not being adhered to will be considered past due after 60 days and may be referred to an outside agency for collection. All cost associated with this action will be the responsibility of the patient. Accounts with balances past 90 days will be subject to a finance charge of 1.5% per month. Patients with delinquent bills may also be dismissed from my practice.

Failed Appointment/Late Cancellation Policy:

Appointments must be cancelled or changed by noon on the previous business day or you will be charged the full fee for the session (individual therapy-\$160; family therapy-\$180). Monday appointments need to be cancelled by Friday at noon. Arrivals of more than 15 minutes late will need to be rescheduled and you will be charged for the full fee. Any charges applied must be paid prior to your next visit. These charges are not billable to your insurance company.

Confidentiality:

In general, the law protects the privacy of all communications between the patient and a mental health provider. I can only release information about our work to others with your written authorization. Furthermore, I can neither confirm nor deny that a patient is being seen in my practice

without your written authorization. This includes all family members. Please be advised that questions regarding billing matters will be discussed with only the patient or guardian.

There are a few exceptions in which confidentiality is not followed as required by the law. First, if a patient reports that there is any possibility of harming themselves or others, including but not limited to physical or sexual abuse, neglect, and suicidal or homicidal behavior, the law requires that I make a formal report regarding the situation. If the need to make a report arises, I will make every effort to involve you in the process and do so with your participation. Second, patients need to be aware that most insurance companies require me to provide them with a clinical diagnosis. In addition, I may be required to share case notes, treatment plans or treatment summaries in order for your insurance to process the claim. Whenever possible, I limit the information and provide the least amount of information required for the insurance company to process the claim. If your insurance company requests additional information from me, I will discuss this with you. If you agree to release the information to your insurance company, I will have you sign an authorization to release information form.

Consultation:

Clinical psychologists consult with other highly qualified professionals regarding their patients at times. Patient's names and other identifying information are never mentioned and confidentiality is fully maintained.

Signature:

I, _____, the patient, have read and understand this Client Information Brochure. I have discussed those points I did not understand and have had my questions, if any, addressed. I agree to abide by the terms of this brochure during my treatment. I hereby agree to enter into psychotherapy with clinical psychologist, Dr. Schmitt, and to cooperate fully and to the best of my ability as shown by my signature here.

Patient Signature

Date

Parent/Guardian Signature

Date

Witness

Date