



# illuminate

THErapy & WELLNESS

## RIGHTS AND RESPONSIBILITIES

Psychotherapy is a unique and cooperative relationship between you, the client, and your therapist. Each member in this relationship has certain responsibilities: the therapist will provide knowledge, expertise, and clinical skills and the client will be expected to bring an attitude of collaboration and commitment to the therapeutic process. Therapy usually leads to healthier relationships, solutions to problems and significant reductions in feelings of distress, but there are no guarantees regarding the outcome. We encourage you to be open and to communicate with your therapist should doubts and/or concerns arise during your treatment.

Illuminate Therapy & Wellness, LLC (IT&W) recognizes your rights as a client and has adopted the following:

- IT&W will provide considerate and respectful care in a safe and secure setting, free from all forms of abuse, neglect, or harassment. We will respect your rights without regard to race, gender, color, creed, age, religion, sexual orientation and national origin.
- You have the right to expect that the therapist will maintain professional and ethical boundaries by not entering into other personal, financial or professional relationships with the client.
- You will participate in the planning of your care, discharge plans, anticipated outcomes and treatment, and any discussions concerning ethical issues arising from your care. You may refuse any treatment unless mandated by law/court order. You will be informed of the expected consequences of your refusal.
- You have the right to end therapy at any time, for whatever reason and without any obligation, with the exception of fees for services already provided.
- IT&W reserves the right to discontinue treatment at any time including, but not limited to: a violation by the client regarding the treatment terms, a change or reevaluation by IT&W of the client's therapeutic needs, IT&W's ability to address those needs, or other circumstances that led IT&W to conclude in its sole and absolute discretion that the client's treatment needs would be better served at another treatment facility. Under such circumstances, IT&W will provide appropriate referral recommendations.
- The client will be informed verbally of the charges for treatment, which includes the charges for service that will not be covered by insurance and the charges that you as an individual may have to pay. Receipts/superbills can be given upon request. You are expected to pay your bills in a timely manner at the end of each session. For additional assistance with billing, please contact Echo Billing Solutions at 847-847-1792.

## **Additional Rights and Responsibilities:**

**Amendment:** A client has the right to request that we amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by IT&W. You must make this request in writing and must provide a reason(s) to support your request for amendment. IT&W may deny your request under certain circumstances.

**Appointments:** IT&W provides outpatient psychotherapy services for clients of all ages. Our practitioners are fully licensed, have their own specialties and provide individual, couples, group, family counseling and case coordination. Therapy sessions are approximately 55 minutes long and are tailored to fit the client's specific goals and needs. Appointments are scheduled as needed.

**Childcare:** IT&W does not provide childcare and is not responsible for children and/or adolescents left unsupervised in the waiting room. If you must leave your child unattended in the waiting room during a session, it is your responsibility to provide appropriate supervision for your child. Children under the age of 12 should not be left alone. Minors must be picked up on time following their appointments.

**Confidentiality:** IT&W will protect your personal health information as confidential to the extent permitted by law. You will be asked to provide written permission for any release of information. Please refer to the Notice of Privacy Rights form for more details.

**Confidential Communication:** You have the right to request that our practice communicate with you about your treatment in a particular way. IT&W will respect all reasonable requests. Please communicate your preference to your therapist.

**Contacting ITW:** Therapists are often not immediately available by phone. While we are usually in the office Monday through Friday it is not our policy to answer the phone when we are in session with a client. When we are unavailable, our telephone is answered by voicemail or by our office administrator. We will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please provide us with your availability. If you are unable to reach us and feel that you can't wait for us to return your call, contact your family physician or call the nearest emergency room and speak with the mental health professional on call. If we will be unavailable for an extended time, we will provide you with the name of a colleague to contact, if necessary.

**File a Complaint:** You have the right to file a complaint if you feel we have violated your rights. We will not retaliate against you for filing a complaint.

**Illinois Firearm Concealed and Carry Act:** Clients are not allowed to bring firearms and other weapons into our office. If this were to occur, the therapist has the authority to ask the client to reschedule and to leave the premises. The therapist is also permitted to contact authorities in order to protect their own safety and the safety of other individuals in the office/building.

**Duty to Report:** Therapists are required to notify the Illinois Department of Human Services of anyone who is determined to be a "clear and present danger" to themselves or others or determined to be developmentally and intellectually disabled.

**Medical Records:** You have the right to obtain a copy or a summary of your medical records. Please consult with your therapist for further instructions.

**Obtain a list of those with whom we have shared information:** You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.

**Power of Attorney:** If you have given someone a healthcare/medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. ITW will ensure that this individual has this authority and can act for you before we take any action.

You are entitled to receive a paper copy of this Notice. If you'd like a copy, please ask your therapist.

Changes to the Terms of this Notice: IT&W can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website. This notice is effective (insert date) and applied to all individuals who procure services from a provider operating under ITW.

Please acknowledge that you:

- Have carefully reviewed all information in this document.
- Received a printed copy of this document if so requested.

I \_\_\_\_\_, hereby request psychological services from IT&W. I fully understand and accept IT&W's Rights and Responsibilities terms.

Client Signature

Date:

(Client if 12 years or older)

Parent/Guardian Signature

Date:

(Parent/Guardian if Client is Minor under 12 years of age/Personal Representative)

Witness Signature

Date: