

**Nathaniel Hope LCSW, PLLC**  
**INFORMED CONSENT FOR PSYCHOTHERAPY SERVICES**

Welcome to therapy with Nathaniel Hope, LCSW, PLLC. I will do my best to help you. This document is an Informed Consent for Psychotherapy Services and contains important information about my professional and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (“HIPAA”), a federal law that provides privacy protections and patient rights about the use and disclosure of the patient’s Protected Health Information (“PHI”) for the purposes of treatment, the Illinois Mental Health and Developmental Disabilities Confidentiality Act (“IMHDDCA”), a state law that provides privacy protections for a patient’s mental health records and communications, and payment and information about my practice’s health care operations. Although this document is lengthy, it is very important that you read through and understand it.

**General Information**

The therapeutic relationship is unique in that it is a highly personal and, at the same time, contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This Informed Consent for Psychotherapy Services will provide a clear framework for our work together. Please feel free to discuss any of the contents of this Informed Consent for Psychotherapy Services with me. By signing this document, you are consenting to participate in mental health treatment with Nathaniel Hope, LCSW, PLLC.

We can discuss any questions you may have prior to you signing below, or at any time in the future. You may revoke this Informed Consent for Psychotherapy Services in writing at any time. Such a revocation will be binding other than for any action(s) Nathaniel Hope, LCSW, PLLC has taken in reliance on it (*e.g.*, if there are outstanding obligations to process or substantiate claims made under your policy or if you have not satisfied any financial obligations to Nathaniel Hope, LCSW, PLLC that you have incurred). Please read and indicate that you have reviewed this Informed Consent for Psychotherapy Services and agree to it by signing and dating at the end of this document.

**The Therapeutic Process**

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. Nathaniel Hope, LCSW, PLLC cannot promise that your behavior or circumstances will change. I can promise to support you and do my very best to understand you and any repeating patterns, as well as to help you clarify what it is that you want for yourself.

Together, we will discuss how frequently our meetings will be held and we will check in as we go about areas of progress. I will support your therapeutic experience and discuss areas to build upon as well as areas in which you need continued support. Despite our best efforts, there are no guarantees about what will happen or what the outcome of your treatment will be.

### **Confidentiality**

Federal law and the laws of the State of Illinois require that most issues discussed during the course of mental health treatment remain confidential. These laws permit you, the client, to waive the privilege of confidentiality by signing written consent to have all or portions of your mental health record released to a specifically named person/persons/ entity or in certain circumstances that permit or authorize disclosure pursuant to federal or state law (*e.g.*, mandated reporting, suspected elder abuse, potential harm to oneself or others, etc.). If such a situation arises, I will make every effort to fully discuss it with you before taking any action and will limit disclosure to only what is necessary. During therapy, you may always request that some information be discussed with another person (*e.g.*, your physician, spouse/partner, children, parents, attorney, etc.). If you choose to have your mental health records or communications communicated to another individual, please ask for an authorization to release information form. If Nathaniel Hope, LCSW, PLLC believes it will be useful to you to discuss your progress or situation with another person (*e.g.*, your physician or private provider), you will be asked for your written permission to do so.

Nathaniel Hope LCSW, PLLC does not participate in matters dealing with the court. If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, this information is protected under the therapist-patient privilege. Nathaniel Hope, LCSW, PLLC cannot disclose any information without a valid, mental health compliant subpoena accompanied by either a court order or a release of information from the recipient, you, of mental health services. If you are involved in or are contemplating litigation, you should consult with your attorney. Please also see the below paragraph regarding the involvement of Nathaniel Hope, LCSW, PLLC in pending court proceedings, including family law matters.

Occasionally, Nathaniel Hope, LCSW, PLLC may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared generally in this context without disclosing your name or any identifiable information.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you but will not engage in any lengthy discussions in public or outside of the therapy office as it is not appropriate to do so.

It is important that we discuss any questions or concerns that you may have now or at any time in the future regarding confidentiality. The laws governing confidentiality and disclosure of mental health records and communications can be quite complex. In situations where specific advice is required, Nathaniel Hope, LCSW, PLLC may seek formal legal consult, as necessary.

### **Fees, Cancellation Policy, and Charges**

The fees of Nathaniel Hope, LCSW, PLLC are usual and customary for the services provided to its clients. Your clear understanding of the financial and practice policies is important to our professional relationship. Please discuss the fees with your therapist should you have any questions.

Psychotherapy sessions are considered to be 50 minutes in length and can be in person, virtual, or by phone. The frequency of sessions is determined by the client and Nathaniel Hope LCSW, PLLC. It is recommended that sessions occur at least weekly at the outset of therapy. We will discuss together whether it is appropriate for the sessions to be less than weekly and, if so, how often. If the weekly sessions are reduced, the sessions will not be scheduled out more than two weeks in the future. It will be the client's responsibility to reach out to schedule sessions a week or so in advance depending on availability.

A psychotherapy session costs \$175 per session. You are responsible for the full fee even if you arrive late or leave early from the session. You are financially responsible to Nathaniel Hope LCSW, PLLC for any covered or non-covered services, as defined by your insurer. If your account balance becomes overdue and the overdue account is referred to a collection agency, you will be responsible for the costs of collection including reasonable attorneys' fees. Invoices and statements from Nathaniel Hope, LCSW, PLLC will not be divided up between two separate entities.

Your signature below acknowledges that you have given Nathaniel Hope, LCSW, PLLC permission to charge any credit card you provide and grant permission for Nathaniel Hope, LCSW, PLLC to receive payments via Zelle or another form of electronic payment.

In addition to charges for therapy services/sessions, you will be charged for all time spent on your behalf, the therapist's time spent preparing reports, reading letters and consultations, travel time for "out of office" services (including, but not limited to, depositions and/or court appearances, and/or attendance at meetings), and telephone calls that are longer than 10 minutes in length (*e.g.*, with the client, a family member, or with other professionals including, but not limited to, therapists, psychologists, school personnel, doctors, and psychiatrists).

If you become involved in legal proceedings that require your therapist's participation, you will be expected to pay for all professional time (*i.e.*, preparation, travel time, consultation with the therapist's attorney, communications with your or another party's attorney, testimony, etc.) even if your therapist is called to testify by another party. Because of the

difficulty of legal involvement, Nathaniel Hope, LCSW, PLLC charges **\$350.00 per hour** for any legal proceeding (administrative, legislative, criminal, or civil).

Please remember to cancel or reschedule 24 hours in advance if you need to do so. This is necessary because a time commitment is made to you and is held exclusively for you. If you need to cancel or reschedule an appointment, please call: 847-767-3503. If you are late for a session, you may lose some of that session time. If cancellation is less than 24 hours prior to your session, you will be responsible for the full session fee of \$175.00 before further services are rendered. This policy is in effect even if you would like to reschedule within the week. If the client fails to attend the scheduled appointment and no contact is made prior, the full fee of the session will be charged to the client's credit card on file. This amount does not qualify for insurance reimbursement, this fee is the client's sole responsibility.

A \$10.00 service charge will be charged for any checks returned for any reason.

Family sessions can be very helpful and productive but only if the client is willing to participate. Anyone joining your sessions, including the legal guardians of minors, must be approved by the client.

Nathaniel Hope, LCSW, PLLC does not work with individual family members simultaneously. However, in some cases, after Nathaniel Hope, LCSW, PLLC has terminated with a client, it could be possible to begin therapy with a family member of the original client assuming the original client is aware and comfortable with it.

### **Electronic Communication**

Nathaniel Hope, LCSW, PLLC cannot ensure the confidentiality of any form of communication through electronic media, including e-mail and text messages. Standard texting is not secure and anything that is written may be seen by unauthorized third parties. You understand that Nathaniel Hope LCSW, PLLC recommends encrypted forms of communication. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, Nathaniel Hope, LCSW, PLLC will do so. While your therapist may try to return messages in a timely manner, Nathaniel Hope, LCSW, PLLC cannot guarantee immediate response and requests that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

### **Insurance**

Nathaniel Hope LCSW, PLLC is not in network for any insurance carriers. A statement of services to be submitted to insurance for reimbursement can be provided when requested. You authorize the use and disclosure of your personal health information for the purposes of diagnosing or providing treatment to you, obtaining payment for your care, or for the purposes of conducting the healthcare operations. You authorize Nathaniel Hope, LCSW, PLLC to release any information required in the process of applications for financial coverage for the services rendered. This authorization provides that Nathaniel Hope, LCSW, PLLC may release objective information related to you diagnosis and treatment, which may

be requested by your insurance company or its designated agent. This section does not provide consent for the release of your clinical records. Additional specific consent must be obtained for that purpose.

### **Telephone Accessibility**

If you need to contact your therapist between sessions about scheduling needs, you are welcome to text your therapist at: 847-767-3503. For anything other than scheduling needs, please leave a message on your therapist's confidential voicemail. Though your therapist is often not immediately available, you should expect to receive a response within 24 business hours.

### **Emergencies**

Nathaniel Hope, LCSW, PLLC is not equipped to handle mental health emergencies. If you are in crisis, especially if you are seriously considering harming yourself or someone else, call 911. If you need to speak with someone immediately, go to your nearest emergency room or call 911. If you are not in a crisis situation and would like to speak with your therapist as soon as possible, call: 847-767-3503. Our goal is to return your call as soon as possible, usually within 24 hours.

### **Divorce/Separation Agreement**

When Nathaniel Hope, LCSW, PLLC provides services to individuals, children, or adults of families experiencing separation or divorce, the purpose is to aid the client who Nathaniel Hope, LCSW, PLLC is seeing throughout the challenges inherent with these trying circumstances, not to become a witness in the proceedings. It is Nathaniel Hope, LCSW, PLLC's policy to not participate in or provide an opinion in any custody disputes, visitation/parenting time schedules, or other family court related matters.

Parents who are divorced or getting divorced, or who have never been married, will be required to provide a copy of any parenting agreement or relevant court order indicating who has decision-making authority for medical and/or mental health care prior to treatment beginning for a minor child. If an order of protection/restraining order is in place, a copy of such must also be provided before therapy with a minor child can begin. If no court order exists but the minor child's parents are no longer together, both parents must consent to treatment before the minor child's first session can begin. If there are extenuating circumstances, please discuss these with Nathaniel Hope, LCSW, PLLC prior to treatment beginning.

### **Social Media and Telecommunication**

Due to the importance of your confidentiality and the importance of minimizing dual relationships, we do not accept friend or contact requests from current or former clients on any social networking site (Facebook, Instagram, LinkedIn, etc.) personally or professionally. You are welcome to follow the practice on social media, but comments are

not advised. Should you post any comment on Nathaniel Hope, LCSW, PLLC's social media pages, please be aware that Nathaniel Hope, LCSW, PLLC will not interact or otherwise engage with you on any social media page. We believe that adding clients or interacting as "friends" or "contacts" on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up in session for more conversation.

## **Telehealth**

Nathaniel Hope, LCSW, PLLC and you may decide to engage in telehealth sessions rather than in-person sessions when appropriate. Your therapist and you will discuss whether telehealth is an appropriate format for you. Telehealth means the delivery of mental health treatment to a client, regardless of the client's location so long as the client is within the State of Illinois, provided by way of an interactive telecommunication system. Please note that the system that Nathaniel Hope, LCSW, PLLC uses is: Vsee, which is compliant with HIPAA.

If you and your therapist chose to utilize telehealth for some or all of your treatment, you need to understand the following: (1) You retain the option to withhold or withdraw consent for telehealth at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. (2) All existing confidentiality protections are equally applicable. (3) Your access to all mental health records created during a telehealth session are the same as mental health records created during an in-person session and copies are available upon request. (4) There are potential risks, consequences, and benefits of telehealth sessions. Potential benefits include, but are not limited to, improved communication capabilities, consultations, support, better continuity of care, and reduction of last work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information and experiences. When using technology in therapy services, potential risks include, but are not limited to, the therapist's inability to make visual and olfactory observations of potentially clinically or therapeutically relevant issues such as your physical condition, including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerisms or gestures, physical or medical conditions, including bruises or injuries, basic grooming and hygiene habits, including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, gender, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or body expression. Potential consequences, thus, include the fact that your therapist may not be aware of what your therapist considers to be important information, including information that you may not recognize as significant to present verbally to your therapist.

By agreeing to participate in telehealth sessions, you consent to the following:

1. You understand that your therapist and you have agreed to your therapy session(s) to proceed as telehealth.
2. Your therapist will explain to you how the video conferencing technology that will be used for a telehealth session will not be the same as a direct client/therapist visit due to the fact that you will not be in the same room as your therapist.
3. You understand that a telehealth session has potential benefits including easier access to care and the convenience of meeting from a location of your choosing. You understand that the location *must be located within the State of Illinois*.
4. You understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. You understand that your therapist or you can discontinue the telehealth session if it is felt that the videoconferencing connections are not adequate for the situation.
5. You have had a direct conversation with your therapist during which you had the opportunity to ask questions in regard to this procedure. Your questions have been answered and the risks, benefits and any practical alternatives have been discussed with you in a language in which you understand.
6. Telehealth is NOT an Emergency Service and in the event of an emergency, you will use a phone to call 911.
7. To maintain confidentiality, you will not share your telehealth appointment link with anyone unauthorized to attend the appointment.

### **Minors**

Clients under 12 years of age and their parents/guardians should be aware that Illinois law allows parents/guardians to examine their child's treatment records. Parents of children between the ages of 12 through 17 cannot examine their child's records unless the child consents and unless the therapist finds that there are no compelling reasons for denying access. Nathaniel Hope, LCSW, PLLC will discuss with the minor client who is between the ages of 12-17 and the child's parents what information is appropriate for them to receive and which issues are more appropriately kept confidential. The therapist will also discuss with the child/adolescent any concerns and objections that the child/adolescent may have.

Any other communication with third parties regarding the child will require the child's/adolescent's authorization if the child is between the ages of 12-17 and the parent's/guardian's authorization, or the parent's/guardian's authorization if the child is under the age of 12. If the therapist feels that the child/adolescent is in danger or is a danger to someone else, the therapist will notify the parents and any other potential authorities of the therapist's concern.

### **Terminating Therapy**

Ending the therapeutic relationship can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of your treatment and the timing of your eventual termination depends on the length and intensity

of the treatment plan and the process you achieve. It is a good idea to plan for ending therapy in collaboration with Nathaniel Hope, LCSW, PLLC. You may discontinue therapy at any time. If you or if your therapist determines that you are not benefiting from treatment, either you or Nathaniel Hope, LCSW, PLLC may elect to initiate a discussion of your treatment alternatives and/or notify you of intention to cease your therapy. In the unfortunate circumstance that you have defaulted on payment and you do not enter into an agreement to resolve the payment of your outstanding balance with Nathaniel Hope, LCSW, PLLC, then Nathaniel Hope, LCSW, PLLC will have no choice but to initiate termination. The therapeutic relationship will not be terminated without first discussing and exploring the reasons and purpose for ending therapy. If therapy is terminated for any reason or you request another therapist, you will be provided with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source. If you decide you would like to end treatment but have a scheduled appointment, you will be billed and held responsible to pay for that appointment if you fail to call and cancel the appointment at least 24 hours before the scheduled date and time.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, the professional relationship will be considered discontinued, you will be contacted that your therapy has ended with Nathaniel Hope, LCSW, PLLC and referrals to other therapists will be provided to you.

**By signing this Informed Consent for Psychotherapy, I acknowledge that I have read, understand, and agree to the above information and terms.**

---

**Client Signature (12 years old and older)**

---

**Date**

---

**Parent/Guardian Signature of Client 17 or Under or Disabled Adult**

---

**Date**