

## INFORMED CONSENT

Thank you for choosing B. Empowered Counseling LLC. Today's appointment will take approximately 45 – 50 minutes. We realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of our policies, State and Federal Laws and your rights. If you have other questions or concerns, please ask and we will try our best to give you all the information you need. Dr. Catherine Oliver has earned a Bachelor's Degree in Psychology, a Masters Degree in Social Work, and a Doctoral Degree in Social Work from Aurora University. She is licensed by the State of Illinois as a Licensed Clinical Social Worker. She has over 10+ years of clinical experience in treating adolescents, adults and families using individual and family therapy and specializing in treating children. Dr. Oliver practices standard psychoanalytic, narrative, and cognitive behavioral therapy for most conditions. Although other treatment approaches are used depending on the person or condition. Treatment practices, philosophy and plan limitations and risks will be discussed with you today.

## **CONFIDENTIALITY AND EMERGENCY SITUATIONS**: Your verbal

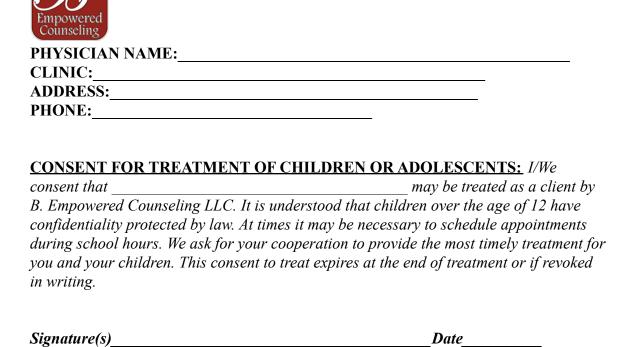
communication and clinical records are strictly confidential except for: a) information (diagnosis and dates of service) shared with your insurance company to process your claims, b) information you and/or you child or children report about physical, sexual abuse or elder abuse; then, by Illinois State Law, I am obligated to report this to the Department of Children and Family Services, c) where you sign a release of information to have specific information shared and d) if you are determined to be a clear and present danger to yourself or others, developmentally or intellectually disabled then I am mandated to report you to the Department of Human Services d) where you sign a release of information to have specific information shared and e) if you provide information that informs me that you are in danger of harming yourself or others f) information necessary for case supervision or consultation and h) or when required by law.

In the unlikely event that I am unable to provide ongoing services the owners or co-owners of B. Empowered Counseling LLC will provide or dictate those services and will maintain your records for a period of 7 years. The owners of B. Empowered Counseling LLC; Kathleen Baxa, LCPC or Dr. Catherine Oliver, LCSW, may be contacted through current contact information provided at www.bempoweredcounseling.com. If an emergency situation for which the client or their guardian feels immediate attention is necessary the client or guardian understands that they are to contact the emergency services in the community (911) for those services. B. Empowered Counseling LLC will follow those emergency services with standard counseling and support to the client or the client's family. E-mail, text messages and social networking sites are not confidential, and I may not be able to respond. If you choose to make use of e-mail, text messaging, or social media to reach me, you are accepting sole responsibility for the transfer of information and releasing me of any associated risk with these forms of communication.



Signature(s)	Date:
FINANCIAL/INSURANCE ISSUES	: As a courtesy we will bill your insurance
company, responsible party or third-passession you pay your co-pay or 100% of for the year. In the event you have not session until the deductible is satisfied. does not cover counseling, we request a balance exceeds \$300.00 we will need. After 60 days any unpaid balance will the event that an account is overdue and or responsible party will be held respont to collect the debt owed. We ask that edirectly to B. Empowered Counseling I I have received a copy of my fee schedule advance notice, otherwise you will be be	arty payer for you if you wish. We ask that at each of the fee if your deductible has not yet been met met your deductible, the full fee is due at each If your insurance company denies payment or that you pay the balance due at that time. If your to ask that you pay for services when rendered, be charged 1.5% interest a month (18% APR). In ad turned over to our collection agency, the client insible for any collection fee charged to our office overy client authorize payment of medical benefits LLC.
11 , 1	please feel free to ask. You may have a copy of
this form if requested.	
Signature(s)	Date
·	
Where may we contact you?	
Signature(s)	Date
work together. As such, we would like y	: It is important that all health care providers vour permission to communicate with your primary ou prefer to decline consent no information will be

You may inform my physician(s) \_\_\_\_I decline to inform my physician





## **CREDIT CARD ON FILE:**

You may place a credit card or medical benefits card on file for the purpose of balancing your account. By doing so, you authorize B. Empowered Counseling LLC to charge your assigned card for any account balance or fees owed to B. Empowered Counseling LLC after insurance has been processed. If you would like to do this, please fill in the below information: