

# Rebecca DeNosaquo, Psy.D.

Licensed Clinical Psychologist  
588 Lincoln Avenue  
Winnetka, Illinois 60093  
847-331-9156

## **SERVICE AGREEMENT and INFORMED CONSENT**

### **INFORMED CONSENT**

Rebecca DeNosaquo, Psy.D. provides evaluation, assessment, and psychotherapy to individuals and families. Dr. DeNosaquo will generally develop a comprehensive treatment plan which will be modified regularly depending on the needs and progress of services provided. Should a higher level of care be indicated, Dr. DeNosaquo will work with you to achieve the most appropriate level of care and, if appropriate, refer you to a therapist, agency or facility that is able to provide you with a level of service appropriate to your needs.

Often the therapy process results in experiencing intense emotional responses and processing life experiences which may evoke positive or negative feelings. It is important to be aware that there are risks associated with engaging in the process of therapy such as but not limited to: painful memories and feelings may emerge over the course of treatment, uncomfortable or difficult issues or decisions may arise, and interpersonal conflicts may increase as problems are first addressed.

There is no way to estimate the duration of or quantify results as the therapeutic process is dynamic and unique to the issues, needs, and types of treatment that are most effective to each individual. Also, there is no guarantee that therapy will help every person or every problem.

Therapy, by its nature, requires continuous adjustments to the treatment plan and modalities of treatment. Dr. DeNosaquo utilizes a combination of well-established therapy models to meet the unique needs of each individual client, including Eye Movement Desensitization and Reprocessing (EMDR). If it is determined that EMDR is recommended as part of your treatment, a separate consent form will be provided.

There is a small risk that your condition may worsen during treatment. If at any point you are unhappy about the progress, process, or outcome of your treatment, please discuss this with Dr. DeNosaquo so that, together, attempts can be made to resolve any difficulties and/or arrive at a treatment plan that better meets your needs.

Therapy will often assist in alleviating symptoms, improving interpersonal relationships, and the resolution of the specific concerns that led you to seek therapy. Therapy requires commitment, effort, and consistent participation on your part to secure the best results. Successful therapy requires your involvement in the process and is most successful if you commit to being honest with your feelings and being willing to work on thoughts, feelings and/or behaviors. Successful therapy is not a one-size-fits-all proposition.

Often various treatment options such as individual psychotherapy, group, couple, family or self-help therapies, and/or, in certain circumstances, the referral to an MD for the evaluation and/or

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management of medication may be helpful. It is not unusual for a therapist to recommend or refer you to seek other treatment options.

By signing at the bottom of this document you consent to participate in mental health services/therapy.

### **TELEHEALTH CONSENT**

I further hereby consent to participate in Telehealth as part of my services, if applicable. I understand that telehealth is the practice of delivering clinical health care services via technology assisted media or other electronic means between a practitioner and a client who are located in two different locations. I understand the following with respect to telehealth:

- I understand that I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.
- I understand that there are risks and consequences associated with telehealth, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
- I understand that there will be no recording of any kind of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
- I understand that the privacy laws that protect the confidentiality of my protected health information ("PHI") also apply to telehealth unless an exception to confidentiality applies.
- I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telehealth services are not appropriate and a higher level of care is required.
- I understand that assessing and evaluating threats and other emergencies can be more difficult when conducting telepsychology than in traditional in-person therapy. To address some of these difficulties, we will create an emergency plan before engaging in telepsychology services. Dr. DeNosquo will ask you to identify an emergency contact person who is near your location and who she will contact in the event of a crisis or emergency to assist in addressing the situation. Dr. DeNosquo will ask that you name that person along with their contact information at the bottom of this section, which will allow her to contact your emergency contact person as needed during such a crisis or emergency.
- I understand that I am responsible for finding a private location for my therapy sessions. Also, I understand that therapy sessions cannot take place while I am driving or in a moving vehicle.
- I understand that during a telehealth session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect within 2 minutes, please call Dr. DeNosquo at 847-331-9156 to discuss since we may have to

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re-schedule. If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.

- I understand the same fee rates will apply for telepsychology as apply for in-person psychotherapy. However, insurance or other managed care providers may not cover sessions that are conducted via telecommunication. **If your insurance, HMO, third-party payor, or other managed care provider does not cover electronic psychotherapy sessions, you will be solely responsible for the entire fee of the session. Please contact your insurance company prior to our engaging in telepsychology sessions in order to determine whether these sessions will be covered.**

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

### CONFIDENTIALITY

The confidentiality of communication between a client and a therapist is very important and is protected by the ethical practices of the therapist as well as State and Federal Law. Dr. DeNosquo will make every effort to keep information regarding your evaluation, diagnosis, and treatment strictly confidential. A consent for release of information must be reviewed and signed by you in order for oral, written or electronic information about you to be released by Dr. DeNosquo to any other person or agency absent emergent circumstances.

All records or communications related to therapy are confidential and my confidences shall be maintained except as required by law, including, HIPAA and the Illinois Mental Health and Developmental Disabilities Confidentiality Act. These confidentiality laws and regulations do have exceptions which allow, and under certain circumstances, mandate that a therapist divulge information which is necessary to protect from imminent harm to self, imminent harm to others, emergency situations, child and elder abuse and the like. If you become involved in certain types of court proceedings wherein you have placed your mental health into issue in your claims or defenses, your records and information may be subject to disclosure in such a case.

Other situations when no authorization is required include:

- Court orders
- Criminal investigations or death investigations
- Legally required notification to Illinois Department of Human Services (DHS) Firearm Owner's Identification (FOID) Mental Health Reporting System

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- As required by law, mental health providers are required to report individuals who are determined to be either a “clear and present danger” or “developmentally disabled” or “intellectually disabled” to the DHS FOID Mental Health Reporting website. More information on this requirement can be found at <https://foid.dhs.illinois.gov>.
- Duty to warn requires police notification and potential victim notification, when there is imminent risk of harm to others

### HIPAA: (Please Check & Initial)

I understand, and have been given a copy of, the Privacy Notice as required by the Health Insurance Portability and Accountability Act. I will ask for explanation and clarification of any part of the notice I do not understand.

### RECORDS

The Clinical Record includes information about your reasons for seeking therapy, a description of your problems, a diagnosis (if applicable), treatment goals, treatment progress, history, records received from other providers, reports of any professional consultations, billing records, and any reports or correspondence sent to anyone. A progress note is written for each session.

Records are the property of Dr. DeNosquo. You have the right to review your record. When more than one person participates in therapy, Dr. DeNosquo will not release the clinical record without the consent of all parties.

### COMMUNICATION/CONTACT PROCEDURES

If you need to contact Dr. DeNosquo between sessions, please leave a message on her confidential voicemail (847-331-9156). Your call will be returned as quickly as possible. Please be aware that Dr. DeNosquo may not be immediately available and/or that voicemail technology is not always 100% functional. **If an emergency arises and you are in need of immediate help or you are in danger, call 911 or go to the nearest emergency room.**

Please do not use social media to contact Dr. DeNosquo.

By signing this agreement, you are consenting to allow Dr. DeNosquo to contact you at the numbers you provide and send correspondence to the address you provide. If you do not want to be contacted at

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a specific number or address, you need to provide written notice specifying where and how you want to be contacted.

I authorize the Practice to communicate with me in the following ways: (Please Check & Initial)

Call /  Leave a message - Cellular phone \_\_\_\_\_

Call /  Leave a message - Home phone \_\_\_\_\_

Call /  Leave a message - Office phone \_\_\_\_\_

### EMAIL AND TEXTING:

Because email and texting are inherently insecure, these modes of communication are not allowed unless you specifically direct the Practice to utilize this mode of communication. Please note that the regular use of email or texting is not HIPAA compliant and does not meet the ethical standards of therapists in the State of Illinois. Absent your specific direction to use these modes of communication, the Practice will only utilize them in cases of emergency. Please do not email or text content related to your therapy sessions. If you choose to communicate by email or text, there is no contemplation of privacy. While it is unlikely that anyone will see or acquire copies of any such communication, they are, by their nature, not secured.

Communicate by Email: \_\_\_\_\_

Communicate by Text: \_\_\_\_\_

### TERMINATION/ENDING THERAPY

Most often, therapy ends when the treatment goals have been met, and is mutually agreed upon by clients and therapists. However, clients always have the right to end therapy at any time.

If you are concerned that therapy is not helping you or if you feel the match between you and Dr. DeNosquo is not a good fit, you are encouraged to discuss this in session. If these issues are not addressed to your satisfaction Dr. DeNosquo will help you find another therapist that may be a better match or may be better suited to help you.

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Likewise, Dr. DeNosauquo has the right to end therapy if she determines you are not benefitting from treatment, you are using therapy inappropriately, or you are behaving in ways that prevent therapy from being beneficial such as, but not limited to, repeatedly missing or canceling appointments, failing to pay for services, or not following recommendations. In any of these instances, Dr. DeNosauquo will address these issues and attempt to resolve them with you. However, if they cannot be resolved, Dr. DeNosauquo will terminate the therapy and assist you in finding other resources that may be of help to you.

### **COURT-RELATED MATTERS**

Dr. DeNosauquo does not provide services for court related matters such as court ordered treatment, custody/visitation evaluations, or any other legal/forensic matter. Dr. DeNosauquo does not provide recommendations to any court officials or court appointed officials.

In order to preserve the foundation of confidentiality and safety in psychotherapy, it is agreed that should there be any legal proceeding (such as, but not limited to, divorce or custody disputes, injuries, lawsuits, etc...) neither you, nor your attorney, nor anyone else acting on your behalf will call upon Dr. DeNosauquo to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

If this agreement is breached, all court related activities that Dr. DeNosauquo attends to or is involved with will incur charges billed to the client/client's parent. Please see the Table of Fees and Services in this document for the costs to you for court-related services and activities.

### **DIVORCE/SEPARATION AGREEMENT**

When the Practice provides services to individuals, children or adults, of families experiencing separation or divorce, the purpose is to aid the patient whom the Practice is seeing through the challenges inherent with these trying circumstances, not to become a witness in the proceedings. Your therapist will not participate in or provide opinion in any custody arrangements, visitation schedules, or other family court.

### **MINORS AND PARENTS**

It is Dr. DeNosauquo's policy that both parents consent to therapy for their child, even in cases of divorce, separation, or never married parents.

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Children 12 years of age and older have confidentiality rights. Therefore, all session content for clients in this age group is confidential and cannot be disclosed without consent from the child, unless any criteria for breach of confidentiality is met (i.e., suspicions of abuse, imminent risk of harm to self or others, etc...)

Within the limits of confidentiality, parents are entitled to information concerning their child's current diagnosis, treatment needs, services provided, and services needed. Parental involvement is often crucial to successful treatment. As such, Dr. DeNosquo seeks to actively involve parents in the treatment process.

### CONSENT TO TREATMENT OF MINORS UNDER 18 YEARS OLD (If Applicable):

This section must be completed by the parent or legal guardian of each minor who attends therapy sessions.

I certify that I am the Mother, Father, or Legal Guardian and have legal authority to consent to mental health services for the above-named patient and accept financial responsibilities for any services provided by the Practice. I, hereby, give my authorization and consent for the patient to receive outpatient treatment from the Practice.

As noted above, minors 12 years of age and over have many privacy rights similar to adults. However, in the event that the minor is making poor decisions that are dangerous and rise to an imminent risk of harm, disease, or death the parent will be notified immediately. I hereby consent to the treatment of the above identified patient subject to the terms outlined hereinabove:

Patient name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Patient/Parent/Legal Guardian name: \_\_\_\_\_  
Patient/Parent/Legal Guardian signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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### FEES and FINANCIAL POLICY

Rebecca DeNosauo, Psy.D. is committed to the successful treatment of your condition. Please understand that payment of your bill is considered part of your treatment. Your clear understanding of the financial and practice policies is important to the professional relationship. Please discuss with Rebecca DeNosauo, Psy.D. directly if you have any questions regarding this.

#### Fee Schedule for Private Pay/Non-Insured Patients

SERVICE/CODE	CODE	FEE
Initial Diagnostic Assessment (1-3 sessions)	90791	\$225/session
Individual Psychotherapy (53-60 minutes)	90837	\$200
Individual Psychotherapy (38-52 minutes)	90834	\$175
Individual Psychotherapy (16-37 minutes)	90832	\$150
Family Psychotherapy without Patient Present (50 minutes)	90846	\$200
Group Psychotherapy	90853	\$75
Phone call 15-29 minutes		\$50
Phone call 30-44 minutes		\$100
Phone call 45-60 minutes		\$150
No Show/Late Cancelation Fee		\$200
Returned Check fee (NSF)		\$35
Production of Records		\$.25/page
Legal/Court related services and activities (not including court appearances or depositions)		\$350/hour
In Court/Deposition (including travel)		\$500/hour
Writing of Treatment Summary		\$50/15 min
Forms Completion		\$50/15 min

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At this time, accepted forms of payment are cash or check. Rebecca DeNosauquo, Psy.D. reserves the right to increase her fees. Established patients will be given a 60-day advanced notice of any fee increase.

### **PAYMENTS AND INSURANCE**

Dr. DeNosauquo is only under contract with BCBS PPO. For all other insurance companies, obtaining personal reimbursement for services rendered is the responsibility of the client. Insurance companies may reimburse for only part of your payment, depending on your out-of-network benefits. Dr. DeNosauquo will provide the necessary treatment information for insurance reimbursement purposes on a Billing Statement (also known as a Superbill).

Insurance will only cover psychotherapy services that are **“medically necessary.”** Therefore, a medical diagnosis is necessary for reimbursement from insurance companies. This diagnosis will become part of your permanent medical record. Please note that Dr. DeNosauquo cannot guarantee confidentiality of information shared with insurance companies.

If you are covered by an insurance company with whom Rebecca DeNosauquo, Psy.D. is an in-network provider, Rebecca DeNosauquo, Psy.D. must comply with and accept payment pursuant to the contract that both she and you have with the insurance company. The rates for in-network insurance companies may not be negotiated, they are fixed by contract. You are responsible, by law, for any co-payments or deductibles associated with your insurance coverage for services that are covered by your policy.

There are certain services that Rebecca DeNosauquo, Psy.D. provides that are not covered by insurance companies, including, but not limited to, telephone conversations, report writing and reading, drafting of summaries, and consultations with other professionals. If any of these uncovered services or expenses are provided or incurred, you will be charged at the private pay/non-insured patients hourly rate unless other arrangements have been made and agreed to and you agree that you will be obligated and will pay any such charges.

Insurance also does not cover expenses related to any legal process, including attorney’s fees Rebecca DeNosauquo Psy.D. may incur as a result of her efforts to comply with state and federal confidentiality requirements. Further, insurance does not cover expenses related to any legal process involving Rebecca DeNosauquo Psy.D.’s time (portal to portal) or if Rebecca DeNosauquo, Psy.D. is obligated to attend depositions or trial. If any of these uncovered services or expenses are provided or incurred, you will be charged \$250/hour unless other arrangements have been made and agreed to and you agree that you will be obligated and will pay any such charges.

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If Rebecca DeNosauquo, Psy.D. is not an in-network provider for your insurance, you will be expected to pay the entire session fee, for each session at the time of the session, unless an agreement has been made between you and Rebecca DeNosauquo, Psy.D. to be billed monthly.

If Rebecca DeNosauquo, Psy.D. is an in-network provider of your insurance network, then Rebecca DeNosauquo, Psy.D. is happy to bill your insurance company directly as a convenience offered to you. You must keep Rebecca DeNosauquo, Psy.D. informed immediately regarding any changes to your insurance if Rebecca DeNosauquo, Psy.D. is billing to your plan on your behalf.

You will be responsible for the payment of any co-payments or deductibles associated with your policy at the time of the session as well as any uncovered services as identified above. Merely because an insurance company authorizes services, they often do not guarantee payment and you will be ultimately responsible for the cost of services provided which are not reimbursed by insurance providers for whatever reason they are not covered. You (not your insurance company) are responsible for full payment of fees, so, it is important to confirm exactly what mental health services your insurance policy covers. If you must obtain authorization from your primary care physician or your insurance company prior to treatment or office visit it is your obligation unless agreed upon to the contrary. Any secondary insurance claim filing is your responsibility.

If you have health insurance, but Rebecca DeNosauquo, Psy.D. is an out-of-network provider, you must pay the full private pay rate and Rebecca DeNosauquo, Psy.D. will provide you with a receipt suitable to present to your insurance company to secure any out-of-network reimbursement your plan provides. Failure to keep payments current may result in termination of services. If payment is not received from the insurance carrier or any other responsible third party within 90 days, the outstanding balance will be transferred and billed to you directly.

If you do not have insurance or Rebecca DeNosauquo, Psy.D. is not in your insurance network, and/or you do not have your insurance card, then full payment is due at the time of service. Rebecca DeNosauquo, Psy.D. accepts payment in the form of cash or check.

**Twenty-four (24) hours minimum notice is required for a cancellation of a reserved session time, or YOU WILL BE CHARGED the full session fee of \$200.00. Please be aware that your insurance will not accept claims for cancellation/missed session fees.** In cases of emergencies or illnesses, clients will be charged for appointments canceled with less than 24 hour notice if a make-up session is not scheduled or kept.

If you think you may have trouble paying your bill on time, please discuss this with Rebecca DeNosauquo, Psy.D. so a solution can be attempted.

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### GUARANTEE (FOR ALL CLIENTS)

#### To be completed by person responsible for payment

I, as guarantor/person assuming financial responsibility understand that I will be unconditionally responsible for the payment of any uncovered services, costs, and expenses provided to the above identified patient in return for providing services to the identified patient. It is understood that as guarantor of payment I agree that prior to discontinuance of my unconditional responsibility to pay for charges contemplated in this document, I shall give no less than 90 days' notice of my intent to discontinue to the Practice in writing. Guarantor's

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Guarantor's Signature (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

**IF YOU HAVE BCBS PPO**, Please check & initial one of the two options below.

- I authorize Rebecca DeNosauquo, Psy.D. to act as my agent to obtain payment from my health insurance plan. I also authorize the release of necessary information to the insurance company for the pursuit of payment. If my health insurance plan changes, it is my responsibility to let Rebecca DeNosauquo, Psy.D. know immediately. If not, I will be responsible for payment of the balance on my account. I authorize insurance payments directly to Rebecca DeNosauquo, Psy.D.
- I do not authorize Rebecca DeNosauquo, Psy.D. to contact my health insurance plan for 3rd party payment. I understand that if I have insurance and have decided not to process any claims through my insurance company for any reason, I am personally obligated to pay the private pay/non-insured rates and waive any rights to a reimbursement rate as provided under my insurance policy. If at any time I choose to seek reimbursement for my services through any insurance policy, I will notify Rebecca DeNosauquo, Psy.D. and amend this section to provide for reimbursement for any prospective appointments and waive my rights to any prior completed appointments and costs.

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By signing the Service Agreement, I/we acknowledge that I/we have read, understood, and accepted all the terms and information contained herein, am/are making an informed choice to consent to therapy (with its associated risks and benefits), and that ample opportunity has been provided to me/us to ask questions and obtain clarification on anything unclear to me/us.

_____	_____	_____
Client Name	Client Signature	Date
_____	_____	_____
Parent/Guardian Name	Parent Signature	Date
_____	_____	_____
Parent/Guardian Name	Parent Signature	Date