



IAG Behavioral Health Center Policy

Welcome to The IAG Behavioral Health Center (BHC).

This document contains important information about our professional services and policies. Please read it carefully and let us know if you have any questions. When you sign this document, it will represent an agreement between you (“the client”) and the IAG BHC (“the clinic”).

TREATMENT: The clinic provides confidential counseling, psychotherapy, group therapy, family therapy, case management and medication management either on-site or virtually. It involves a relationship between a client and a trained professional who has the desire and willingness to help accomplish the client’s individual goals. Please note: clinic staff does not address medical emergencies virtually. If the client is experiencing a medical emergency, call 911 or go to your nearest emergency room.

CONFIDENTIALITY: Communication between a client and therapist is confidential. This means that the therapist will not discuss the client’s case orally or in writing without explicit consent. Exceptions to this rule may include, but are not limited to the following:

- Clients under the age of 18, when parents or legal guardian(s) may have access to your records or may authorize their release to other parties.
- If you are reasonably suspected to be in imminent danger of harming yourself or others.
- If you disclose abuse or neglect of children, the elderly, or disabled persons.
- If you disclose sexual misconduct by a therapist.
- To qualified personnel for program audits or evaluations.
- Upon the issuance of a court order or lawfully issued subpoena; otherwise legally required.

CONSULTATION: When appropriate, therapists may consult with a peer/supervisor for education and support services. They may also consult with a psychiatrist or psychiatric nurse practitioner (often contracted via a third-party agency) regarding any medication, on behalf of the client or to gain insight in relation to medication management.

COUNSELING RECORDS: Counseling records are stored in locked files and/or electronically on a secure server (for at least seven years) that is only accessible by clinic staff. Upon request, the client may review their counseling records with the therapist or another appropriate member of the clinic staff. Records can be released to an outside provider with an appropriate release of information request.

COUNSELING DECISIONS: Frequency of sessions, number of sessions, goals, type of counseling and any alternative counseling methods will be discussed and negotiated between the client and the therapist. Progress and goals of counseling will be regularly discussed between client and therapist. If the client has questions about recommendations or the approach used by therapist, this should be discussed with the therapist during the session.



ACCESS TO SERVICES: Clinic hours are Monday through Friday from 9 am to 5 pm. Clinic hours may vary on holidays. Services are offered onsite (30 Phelps Ave, Romeoville, IL 60446) or virtually.

A client in crisis can come to the office or request virtual treatment at any time during office hours and be worked into a schedule for a brief evaluation. If it is after office hours and the client is in imminent crisis, please call 911 or visit your local emergency room.

ELECTRONIC COMMUNICATION: The use of electronic communication (e.g., email, texts, faxes) with clinic staff is discouraged. Confidentiality cannot be assured via electronic communication. When necessary, electronic communication may be used for scheduling appointments or general questions but should not be used for counseling purposes or major forms of communication. The best form of communication for all counseling needs is via telephone. Please contact the clinic (630-755-0053) or the therapist directly if your message is time critical.

SCHEDULING AND ATTENDANCE: If the client is not able to attend a scheduled session, the client should notify the clinic or therapist directly. All cancellations or rescheduling requests must be received by the clinic 24 hours prior to your scheduled appointment. Any missed appointments or cancellations received less than 24 hours from your scheduled appointment may be subject to full payment for services. Charges for missed appointments cannot be billed to insurance and will be the client's financial responsibility. If a client "no calls/no shows" three scheduled sessions, they will be subject to discharge from the clinic. The client may choose to stop therapy at any time, and the client agrees to inform the therapist of the decision prior to the last visit. If the therapist believes that the client can receive more effective treatment elsewhere, the client will be given referrals. The client understands that they may not attend a session if they are under the influence of alcohol or drugs, or if in possession of a dangerous weapon.

PAYMENT & INSURANCE REIMBURSEMENT: The client is fully responsible for the payment of all fees for services provided regardless of any insurance coverage. Co-pays and non-covered services are payable at time of service, unless other arrangements have been made. The clinic accepts checks or credit cards as forms of payment. All sessions are 45 - 60-minutes in length. The fee for an initial intake session is \$160.00. Follow up session fees for individuals (\$100-\$150), couples or families \$135. The client understands that the clinic will either file the claim on their behalf or will provide the client with the necessary information so that they can file the claim. If insurance is billed on the client's behalf, the client authorizes payment of mental health benefits to the clinic.