

0. Information and Financial Policy

Thank you for choosing Dr Tracey Kim Snow (owner & supervisor) and the Beyond Healing staff as your counseling team. This form helps you to understand the clinical background and qualifications and also insures that you understand the professional relationship.

- Dr. Snow has a Doctorate in Counselor Education at Northern Illinois University.
- Dr. Snow has a Master's Degree in Counseling from Governors State University.
- Dr. Snow is a Licensed Clinical Professional Counselor (LCPC) in the state of Illinois.
- Dr. Snow has a comprehensive background and training in individual, marriage and family, parenting issues, vocational/career matters, child, adolescent, adult, and group counseling.
- Dr. Snow has over 19 years of clinical experience and have been teaching and supervising Master's level counselors at Governors State for 16 years.
- Dr. Snow holds over 8 certifications including being a Certified Family Therapist, a Child Custody Evaluator, a WAIT Certified Therapist (in anger management, social skills, moral recognition), Compassionate Parenting, & PREP marital and couples education & counseling.

You have the right to CONFIDENTIALITY with the following exceptions:

- You sign a release of information
- I determine that you are a danger to yourself or others (Duty to Warn & Protect).
- I am court ordered to release information by the State.
- In the case of child abuse or elder abuse.
- Illinois Law: If you present as 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.

Insurance reimbursement and Filing Policy

- Please remember that insurance companies require a diagnosis for mental health services. This will become a part of your permanent record. In order for me to receive reimbursement, a diagnosis and any requested information will be supplied. Not all services are a covered benefit, so please contact your insurance company to verify that the mental health benefits are included in your insurance plan. Check to see if you have a deductible, co-insurance, co-pay, and if you need authorization to receive treatment from the provider. Your insurance is a contract between you, your employer, and the insurance company. We are not part of that contract. By checking this box you agree.

Fee Policy

- The fee for mental health services provided by Dr. Tracey Kim Snow and Beyond Healing contractors is \$175.00 per each 50 minute session. Sessions are on the hour and if you are late, you will receive whatever time is left. If I take you later than your scheduled appointment, you will receive the full 50 minutes. By checking this box you agree.

Written Report Fee:

- The fee for this service is based on my time (from starting the report to completing it). I charge \$100.00 an hour and it will be rounded to the nearest 15 minutes. By checking this box you agree.

Court Appearance/Deposition Fee:

- The fee for this service is based on my time. The fee will start when I leave my office and/or the start of the deposition to the time that I return to my office or the end of the deposition. The fee for this service is \$350.00 per hour. You will also be responsible to pay for all travel expenses (ex: parking, train fare). By checking this box you agree.

Return Check Fee:

- The fee for this service is \$25.00 plus the amount of the original check. This fee must be paid before another appointment will be scheduled. By checking this box you agree.

Late Cancellation and No Show Policy:

- The office policy is a 24 hour notification on all cancellations or rescheduled appointments. No show or late cancellation fee is the regular standard rate of \$75.00 and this fee must be paid before another appointment can be scheduled. I authorize Beyond Healing to charge my credit card through Theranest for appointments canceled/no showed with less than 24 hour notice. By checking this box you agree.

Payment Policy:

- Payments for your portion of the fee are due at time of service. Written reports, court/deposition fees must be paid at time of service. I authorize Beyond Healing to charge my credit card through Theranest for any fees that I am responsible for. ALL FEES are subject to change and you will receive notice to the effect. By checking this box you agree.

Appointments:

- Most insurance companies only cover one session per day. If you decide to have an individual session, family session, and/or couples session on the same day, you will be responsible to pay out of pocket for whatever sessions are not covered by your insurance. By checking this box you agree.

Statement of Understanding

Dr Tracey Kim Snow or a contractor at Beyond Healing has reviewed this agreement with me and I understand the terms of the Information and Financial Policy Form.

Signature: