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## **PSYCHOTHERAPY INFORMATION DISCLOSURE STATEMENT**

Welcome to office of James Chmielewski, LCPC, NCC, CADC. Thank you for trusting me to assist you with your personal concerns. Please take the time to read and understand this document and ask me about any portions which may be unclear to you.

### **I.) The Process of Psychotherapy:**

Therapy is, in reality, not easily described in general statements. It is a unique and highly individual experience with outcomes determined by a number of factors including: the personal characteristics of the therapist and patient, the particular problem(s) presented and/or the therapeutic approach used. The reasons for seeking therapy may be brief and/or situational, such as a career or life stage transition or relationship conflict and may only require a few counseling sessions to achieve their goals. On the other hand, the reasons may also be more entrenched thought processes, beliefs and/or behavioral patterns which affect the person's relationships, or work, which may require more extended periods of time, such as months, or even years of counseling.

Psychotherapy begins with an evaluative process. The first few sessions are opportunities for us to get to know each other and to determine if we would feel comfortable in a collaborative working relationship. These sessions will also enable me to explore current concerns and relevant historical influences, as well as your possible goals for therapy. By the end of the evaluation, I will determine and discuss a working understanding of the problem(s), therapeutic objective(s), treatment plan, and possible outcomes, should you decide you would like to continue with therapy. You should evaluate this information, along with your own opinions. You are encouraged to ask any unanswered questions and/or discuss any concerns you may have regarding the process itself, my qualifications, or your comfort level in working with me. I also will feel free to explore any questions I may have in an effort to establish a therapeutic relationship with you as part of my assessment, as well as to determine whether I may be of assistance. If we conclude your needs will be better served by someone else, I will assist you with a referral, although you will be responsible for contacting and evaluating those referrals, and/or alternatives. Additionally, I cannot guarantee that they will accept you for therapy. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. *I am only one option for professional services in this community and actually find it desirable that you check out other practitioners before you consent to begin with me.*

The work required for personal growth and change to occur can be stressful at times and may involve risks. In most cases, there is improvement without unexpected problems. However, it is also possible that unexpected, or no changes, may occur. Realistically, therapy often involves discussing unpleasant aspects of your life and may be temporarily distressing, arousing strong emotional responses, such as: feelings of sadness, guilt, anger, frustration, loneliness, and helplessness for example. Furthermore, making and adapting to changes in your life can also be scary and may affect your significant relationships, your job, or challenge your long standing understanding of yourself. You may even find our therapeutic relationship to be a source of strong feelings. This is often part of the natural progression of therapy and does not mean there is something "bad" or "wrong" with you, or the process. Interestingly, the real hope is that the

experience and expression of feelings will actually bring to the surface “what is right” with you. Therefore, it is important that you consider carefully whether these risks are worth the benefits of changing to you.

Fortunately, most people who take these risks find the process of therapy is helpful and can result in a number of benefits for you, including: personal insight, better relationships; solutions to specific problems; reducing feelings of distress and emotional pain; a clearer understanding of one’s self, values, or goals; increased productivity; and a greater ability to deal with everyday stress. I attempt to honor and respect my clients by allowing you to proceed at a pace that is comfortable to you. Some clients opt to proceed slowly, while others move at a more rapid pace. At any time you may initiate a discussion on the possible positive, or negative, effects of entering, not entering, continuing, or discontinuing counseling. You also have the right to refuse and/or discuss modification of any suggestions you believe might not be helpful.

While benefits are expected from the counseling process, specific results cannot be guaranteed, due to the overall complexity of the process and the multiple variables brought into it by each individual client. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. Taking personal responsibility for working with these issues may lead to greater growth, as do earnest efforts, honesty and openness both during and between sessions. I will also make a reasonable effort to discuss the potential impacts, good or bad that may result from the changes you choose to make in your life as a result of therapy and together we can work to achieve the best possible results.

It should also be noted that psychotherapy is not required. While psychotherapy should ideally end through mutual agreement once desired goals have been reached, the fact is that as a client (or the parent of a client), you are in complete control and may end our counseling relationship at any time. However, I do request that you participate in at least one termination session. Services may also be restricted by terms of specific contractual requirements, such as through insurance providers. Additionally, if I am not, in my judgment able to help you, because of a specific kind of problem may be experiencing, or perhaps because my training and skills are, again, in my judgment not, appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs. Additionally, if you do, or threaten to do violence, verbally or physically, or harass myself, the office, or my family, I reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapy, I will, again, offer you referrals to other sources of care, but you will be responsible for contacting and evaluating those referrals and/or alternatives and I cannot guarantee that they will accept you for therapy.

## **II.) Methods:**

There are many different methods available to deal with the problems people hope to address in therapy. In addition to providing individual counseling for adults, adolescents and children, I offer family and couples counseling. I also provide various workshops and conduct a number of different groups. See my vita for more specific information regarding my experience. I utilize an eclectic approach to psychotherapy with cognitive, behavioral, interpersonal and humanistic influences. By definition, I am open to utilizing a wide variety of techniques and trying to adapt to what appears to work best for you. The focuses of services are often educational, interpersonal and problem solving that leads to actions, although some interpretation may be directed at providing insight. Sessions may also occasionally require interactions with clients in their natural environment. For instance, it might be more effective to leave the office in order to face a fear of crowds, or it may become necessary, or helpful, to attend an Alcoholic's Anonymous meeting with a patient. These activities would only be offered as a means to support consultation, treatment and evaluation goals. And, again, all treatment and supportive services are optional.

Techniques are likely to include dialogue, interpretation, cognitive reframing, awareness exercises, self-monitoring experiments, visualization, journal-keeping, drawing, and reading books, or other

educational materials. I may also suggest that you consult with a physical health care provider regarding various treatment options that could help your problems. I refer both to traditional and non-traditional (homeopathic and Oriental medicine) practitioners, and will be glad to discuss with you the pros and cons of various alternatives. I may also suggest that you get involved in a particular therapy or support group as part of your work with me.

While I bring professional expertise to our sessions together, my primary skill is in offering a therapeutic relationship within which you can explore issues that are important to you. I will attempt to help you explore the wisdom you have gained through your own experiences in relation to the predicaments and possibilities of your life, while integrating important resources where appropriate, as opposed to my "changing," "curing," or "making decisions" relevant to your life for you. Responsibility for your life is always with you, even while we are intimately exploring it together. Everything we do together is with your full awareness. Nothing is done without your approval and your sense of feeling safe and right about it. You are invited and encouraged at all times to discuss openly and freely with me any question or concern you might have about the process we are in together. Therapy only works if you have trust and confidence in me and feel my respect and concern for you.

### **III.) Length, frequency, and number of sessions:**

All these factors vary according to an individual's situation(s). Your own opinion is normally a fundamental guide of decisions regarding these matters. I usually schedule one 45 minute session per week for individuals, and one-hour session for families and for groups. However, this may vary to some degree, as some individuals may wish to meet every other week, or even once per month depending on their specific circumstances. Appointments for a crisis are often intensive and may involve longer and/or more frequent sessions if this is an option. By prior arrangement, sessions may vary in length or frequency. When appropriate, we will work out a regularly scheduled appointment as one becomes available.

Your collaboration in being punctual for starting and ending sessions at the appointed times will be appreciated. If you are late, we will end on time and not run over into the next person's session. In the event that you will be unable to keep an appointment, please notify my office at least 24 hours in advance, so that someone else may utilize this time. If it is possible, I will try to find another time to reschedule the appointment. The answering machine has a time and date stamp which will keep track of time to cancellation. I cannot bill these sessions to your insurance. In the absence of your notification, you will be billed for the missed session. The only exception to this rule is if you would endanger yourself by attempting to come. Also, if you are absent for two consecutive sessions, I may ask to terminate our counseling relationship, and provide you with appropriate referrals.

The time span for psychotherapy differs for each individual. Factors such as goals, motivation, life circumstances, and duration/extent of the issue(s) determine whether treatment requires weeks, months, or years. We will periodically discuss your progress, and you will be encouraged to express your thoughts and feelings regarding your psychotherapy and our therapeutic relationship. It is important that any concerns either of us might have about treatment be addressed. If I think it will be helpful to you, I will recommend adjunctive psychotherapy, medical evaluation, psychological testing, or referral to another psychotherapist or method of treatment. Psychotherapy is a voluntary process; while you have the right to discontinue at any time, collaboratively exploring and discussing termination is an important part of the psychotherapeutic process.

### **IV.) Contact Information:**

Due to my work schedule, I may often not be immediately available by telephone. While I am often in my office between 8 AM and 5 PM, I will not answer the phone when I am with a patient. When I am not available, my telephone is answered by an answering machine I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you can't wait for me to return your call and believe that you cannot keep yourself safe, please call 911, your family physician, or go to the nearest hospital emergency room and ask for the for assistance regarding a mental health emergency.

I am away from the office several times in the year for extended vacations. I will tell you in advance of any lengthy absences and give you the name and phone number of the therapist who will be covering my practice during my absence.

Below are some additional numbers which are answered on a 24-hour basis and may be helpful to you in case of an emergency:

<u>ALCOHOL/SUBSTANCE ABUSE</u> Cocaine National Hotline 1-800-COCAINE / 1-800-262-2463	Loretto Hospital 645 S Central Ave Chicago, IL 773-626-4300	312-890-3454
Alcohol Abuse and Crisis Intervention 1-800-234-0246	Loyola University Hospital 2160 S 1st Ave Maywood, IL 708-216-5437	<u>PREGNANCY</u> Planned Parenthood/Chicago, Illinois 312-427-2275
Alcohol & Drug Abuse Helpline and Treatment 1-800-234-0420	Madden Mental Health 1200 S 1st Ave PO Box 7000 Maywood, IL 708-338-7251	<u>RAPE</u> Chicago Rape Crisis Hotline 1-888-293-2080
Narcotics Anonymous 1-708-848-4884	Rush Oak Park Hospital 520 S Maple Ave Oak Park, IL 708-383-9300	Rape, Abuse, and Incest National Network (RAINN) 1-800-656-HOPE
<u>CHILD ABUSE</u> National Child Abuse Hotline 1-800-4-A-CHILD	St Elizabeth's Hospital 1431 N Claremont Ave Chicago, IL 773-278-2000	<u>RUNAWAY</u> National Runaway Hotline 1-800-231-6946
Child Abuse National Hotline 1-800-25ABUSE / 1-800-252-2873	St Mary-Nazareth Doctor's 1127 N Oakley Blvd Chicago, IL 312-770-2000	National Runaway Switchboard 1-800-621-4000 / 1-800-621-3230
<u>DOMESTIC VIOLENCE</u> Chicago Abused Women Coalition Hotline: 773-278-4566	Shriners Hospital 2211 N Oak Park Av Elmwood Park, IL 60707 773-622-5400	<u>SEXUALLY TRANSMITTED DISEASES</u> AIDS, HIV and STD Hotline (800) 243-2437
The National Domestic Violence Hotline: 1-800-799-SAFE	West Suburban Hospital 1 Erie Ct Oak Park, IL 708-383-9928	National Sexually Transmitted Disease Hotline 1-800-227-8922
<u>ELDER ABUSE</u> Elder Abuse Hotline 1-800-252-8966	Westlake Hospital 1225 W Lake St Melrose Park, IL 708-681-3000	<u>SUICIDE</u> Call 9-1-1, or the nearest hospital emergency room.
<u>HOMELESSNESS</u> Homelessness 24-hour Hotline 1-800-654-8595		Contact Chicago (312) 644-4357
Hopeline/Illinois 847-228-3463		Suicide Prevention Hotline 1-800-SUICIDE
<u>HOSPITALS</u> Cook County Hospital 1901 W Harrison St, Chicago, IL 312-633-6000	<u>MISC</u> Gang Hotline/Cook County State's Attorney/Illinois	<u>YOUTH</u> National Youth Crisis Hotline 1-800-448-4663
		Teens Talkline/Illinois 847-228-8336

## **V.) Fees:**

I personally believe it is difficult to put a price on healing, or healing relationships. However, helping professionals need to financially support themselves personally and professionally so that they can be available to others. Hence, my hourly fee is \$120. If we decide to meet for a longer session, I will bill you prorated on the hourly fee. In addition to weekly appointments, I charge this amount for other professional services you may need, although I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. Emergency phone calls of less than ten minutes are normally free. However, if we spend more than 10 minutes in a week on the phone, if you leave more than ten minutes worth of phone messages in a week, or if I spend more than 10 minutes reading and responding to emails from you during a given week I will bill you on a prorated basis for that time.

## **VI.) Legal:**

I do not provide legal advice or forensic services. I may bring up issues for your consideration, but I recommend you seek legal opinions. Without mutual agreement and a contract for services, I generally do not provide assessments, or recommendations, in support of legal actions, such as child custody, competency evaluations, lawsuits or criminal charges. Please notify me immediately if you are involved, or may become involved in a legal, or criminal matter. If you do become involved in legal proceedings that require my participation, you will be expected to pay for all of our professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge twice my hourly fee for any of these services.

## **VII.) Payment:**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. The "Person Responsible for Payment" is required to sign this form, which explains the fees and collection policies and will be financially responsible for payment of services. You will not be considered a client unless we have signed this contract to provide services. Payment for each session is expected at the time it is held, unless we formally agree otherwise, or unless you have insurance coverage which requires another arrangement. I am not willing to have clients run a bill with me. I cannot accept barter for therapy. Payment may be in the form of check (made out to James Chmielewski), or cash. You will be responsible for any fees charged by banks for returned checks. If services are terminated and treatment is no longer necessary, any balance of funds for services will be refunded. Normally this will be within 30 days. Any overdue bills will be charged 1.5% per month interest. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency, or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

## **VIII.) Managed Mental Health Care:**

If your therapy is being paid for in full, or in part, by a managed care firm, there are usually further limitations to your rights as a client imposed by the contract of the managed care firm. These may include

their decision to limit the number of sessions available to you, to decide the time period within which you must complete your therapy with me, or to require you to use medication if their reviewing professional deems it appropriate. They may also decide that you must see another therapist in their network rather than me, if I am not on their list. Such firms also usually require some sort of detailed reports of your progress in therapy, and on occasion, copies of your case file, on a regular basis. I do not have control over any aspect of their rules. Furthermore, your insurance policy, if any, is a contract between you and the insurance company and I am not part of the contract. I will provide you with whatever assistance I can in helping you receive the maximum benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees.

It is very important that you find out exactly what mental health services your insurance policy covers. Due to the rising costs of health care, insurance benefits have increasingly become more complex, it is sometimes difficult to determine exactly how much mental health coverage is available. “Managed Health Care” plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person’s usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will provide you with a referral, although, again, it is your responsibility to contact and evaluate those referrals and I cannot guarantee that they will accept you for therapy. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf, although costs would apply.

You must provide me with any forms, completely filled out as needed, your complete insurance identification information, and the complete address of the insurance company. If a check is mailed to you, you are responsible for paying me that amount at the time of our next appointment. If the insurance overpays me, I will credit it to your account or refund it to you, if you would prefer that. You are responsible for providing me with the information I need to send in your bill. You must pay me your deductible at the beginning of each calendar year, if it applies, as well as any co-payment. You must arrange for any pre-authorizations necessary.

## **IX.) Treatment Records:**

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. Your Clinical Record includes information about your reasons for seeking therapy, a description of the ways in which your problem affects your life, your diagnosis, the goals for treatment, your progress toward those goals, your medical and social history, your treatment history, results of clinical tests (including raw test data), any past treatment records that we receive from other providers, reports of any professional consultations, any payment records, and copies of any reports that have been sent to anyone.

Records are my property, but you have a right to the information within your record. You may examine and/or receive a copy of your Clinical Record, if you request it in writing, except in unusual circumstances that involve danger to yourself and/or others, or when another individual is referenced and we believe disclosing that information puts the other person at risk of substantial harm. However, because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence, or I can forward them to another mental

health profession at your written request, so you can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests. You have the right to request that I correct any errors in your file. I maintain your records in a secure location that cannot be accessed by anyone else. Paper treatment records are shredded approximately seven years after the termination of the counseling relationship. Records of minors are disposed of seven years after the client's 18<sup>th</sup> birthday. If we refuse your request for access to your records, you have a right of review, which we will discuss with you upon request.

In addition, your therapist may also keep a set of psychotherapy notes which are for his or her own use and designed to assist your therapist in providing you with the best treatment. These notes are kept separate from your Clinical Record. They are not routinely released to others with your Clinical Record, except under rare legal circumstances.

#### **X.) Diagnosis:**

If a third party such as an insurance company is paying for part of your bill, I am normally required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files I have no control over what they do with it once it is in their hands.

#### **XI.) Multiple Relationships:**

Chicago, Illinois, and the surrounding area, is technically considered a large city. However, there is a chance you will know one, or more, of my clients. You may "bump" into a friend, neighbor, employer, family member, colleague or business partner coming out of my office after his/her appointment. I do not acknowledge working with, or even knowing, any of my clients without his/her permission. And while sessions may be very intimate psychologically, ours is a professional relationship rather than a social one. Contact will be limited to the counseling sessions that you arrange with me, except in the case of an emergency. Please, do not request that I relate to you in any other way than in the context of our therapeutic relationship. I do not have social, or sexual, relationships with clients, or former clients, because that would not only be unethical and illegal, it would be an abuse of the power I have as a therapist. I assure you that my services will be rendered in a professional manner consistent with accepted legal and ethical standards and that you will best served if our sessions concentrate exclusively on your goals and concerns. If I see you in public, I will protect your confidentiality by acknowledging you only if you approach me first. If at any time, for any reason, you are dissatisfied with my services, please let me know.

#### **XII.) Other Rights:**

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time.

#### **XIII.) Client Consent to Psychotherapy:**

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I also understand that a copy of this document will be available

upon my written request. I consent to the use of a diagnosis in billing, and to release of that information and other information necessary to complete the billing process. I agree to pay the fee of \$120.00 per session. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with James Chmielewski, LCPC, NCC, CADC. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made during sessions. I am over the age of eighteen.

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Client signature

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Date

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Witness signature

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Date