



Eric Tivers, LCSW, MSSW

Licensed Clinical Social Worker • Certified School Social Worker

Lic# 149.01359

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Agreement for Professional Services

Client: _____ DOB: _____

General Information

I may be reached at 224-636-ERIC (3742). This is my cell phone and is the only number I use. I can also receive text messages at this number. If I am not immediately available (due to being in session or out of the office), a message should be left with a phone number. All messages received after 3pm will be returned by end of the next business day. If you are calling regarding an urgent matter, I recommend calling AND emailing or texting me, with the latest time I can call you back. In the event of an emergency regarding the safety of yourself or others, call 911 or go to the nearest emergency room immediately.

Fees and Payments

The above named client is responsible to pay for services provided. The customary full fee for a **60-minute individual session is \$120. The initial assessment is 90-minutes at a rate of \$195.** Rates for groups, consultations and any services delivered off-site including assessments, natural environment observations, school meetings or in-home therapy may vary. Explanations of fees for services will be provided prior to delivery of service. I have the right to change rates at anytime. Any rate changes will be provided in writing at least 4 weeks ahead of any scheduled change. Fees may be reduced at therapist discretion if a client demonstrates a serious financial need. **Payment is expected at time of service.** Check, cash or credit card may be used. Statements of services rendered will be provided for your records or to submit to your insurance plan, through whom you may be eligible to be partially reimbursed. **It is your responsibility to check with your insurance company to determine your eligibility for reimbursement.** Make checks payable to Eric Tivers.

For the convenience of both the client and service provider your credit card may be kept on file and will be charged only when payment is due. This would allow your

credit card to be charged without having to use the last moments of therapy to complete a financial transaction. I currently use a secure Point of Service device located in my home office maintained by Chase National Bank.

Insurance

I do not accept insurance. If you are planning on seeking out-of-network benefits it is your responsibility to contact your insurance company for information about reimbursement. I will mail you a statement or 'superbill' at the end of each month which you can submit to your insurance company. Please note that in order to receive benefits most insurance company's require that I provide a psychiatric diagnosis

No Shows/Late Cancellations/Late Arrivals

It is your responsibility to arrive on time in order to guarantee the length of your scheduled treatment time. You will still be charged the full rate even if you are late. The length of sessions can range, however sessions are to be 60 minutes unless otherwise specified.

_____ (*Initial*) **If you do not show for a scheduled appointment you will be charged the full fee.**

_____ (*Initial*) **If you do not cancel a scheduled appointment at least 24 hours in advance, you will be charged 50% or a minimum of \$60 for the missed session which will be charged to your credit card. Appointments may be canceled via voicemail, text message or email on a 24 hour basis. Therapy may be terminated due to repeat no shows/late cancellations.**

Termination

I ask that you give at least two weeks notice before the termination of therapy. Termination is an important process in therapy; it is not an event. Proper termination and closure increases the long-term benefits gained from therapy.

Concerns/Complaints/Feedback

As your therapist, I am committed to providing you and your family the best possible care. If at any time you have any concerns or feedback please do not hesitate to request a time to speak with me. I am genuinely open to your feedback, ideas or other concerns, as it will only allow me to improve the quality of care I provide both to your family and to the community.

Check all

- I have read this document and have had sufficient time to be sure that I considered it carefully and asked any questions that I needed to.
- I understand and accept the terms and conditions as stated above. I understand that Eric Tivers will provide written notification of any changes to this contract.
- I have received a copy of this contract for my records and/or I am able to view it online at www.erictivers.com/forms.

Print Name

Sign

Date