



701 Devonshire Dr. Suites B16-18 • Champaign, Illinois 61820 • 217-531-2360

Client Rights, Expectations, and Responsibilities Handbook

Welcome to HopeSprings Counseling Services, A Program of Cunningham Children's Home

For more than 120 years, Cunningham Children's Home has developed great expertise in working with youth in crisis and their families. As the needs of our community change and grow, Cunningham believes it's time to share our expertise with everyone.

We welcome the opportunity to provide you with high quality counseling services. This manual outlines your rights as a client, your responsibilities while receiving counseling services and the expectations of those receiving services at HopeSprings.

Cunningham's mission is to nourish hope through effective solutions so children thrive and families flourish. HopeSprings provides hope and healing directly to youth and families in our community. We offer a safe and nurturing environment that allows opportunity for growth, healing, and recovery. Counselors are highly trained in trauma-informed care and are able to use their expertise to help guide the recovery process.

Treatment Process

When you seek treatment at HopeSprings you will be assigned a therapist. You and your therapist will work together to complete a comprehensive Mental Health Assessment (MHA) and Individual Treatment Plan (ITP). You are the most important person involved in your treatment. You have choices in your treatment, which include involving your family or others in your treatment.

With your input, the ITP guides your treatment. It identifies treatment goals, objectives, and measurable outcomes for you to work on with your therapist. The ITP also identifies the types of services, frequency and duration of the services you will receive as well as the staff responsible for providing the service. You and your therapist will review your ITP at least every six months. As you make progress or circumstances change, changes can be made to your ITP. Your therapist will go over benefits, risks, side effects, and alternatives of your treatment during the treatment planning process.

It is important that you attend your scheduled sessions consistently. If you need to cancel or reschedule your appointment, please do so with at least 24 hour notice so that we can offer the appointment time to someone else who may be waiting. If you are not consistent in attending your therapy appointments, you could be discharged from services. If you miss three consecutive therapy sessions or your overall attendance is inconsistent, HopeSprings could terminate your services.

60 days following the completion of your treatment or termination of services, your therapist or a HopeSprings staff person will contact you to see how your recovery is going. They will review the progress made while at HopeSprings and explore your desire and/or need for additional services. These services could be counseling services at HopeSprings or services provided at other social service agencies in the community.

Counseling Services

The staff at HopeSprings have diverse training and certification in these areas:

- ARC (Attachment, Self-Regulation, and Competency)
- Attachment Disorders
- Attention Deficit Hyperactivity Disorder
- Autism Spectrum Disorders
- Child physical abuse, sexual abuse, and neglect
- Collaborative Problem-Solving
- Domestic Violence and Sexual Assault
- Eye Movement Desensitization and Reprocessing (EMDR)
- Major Depressive Disorder, Bipolar Disorder, and other Mood Disorders
- Neurosequential Model of Therapeutics (NMT)
- Neurosequential Model of education (NME)
- Oppositional Defiant and other Behavioral Disorders
- Parent/child relational issues
- Post-Traumatic Stress Disorder and other Anxiety Disorders
- PracticeWise MAP
- SPARCS (Structured Psychotherapy for Adolescents Re-experiencing Chronic Stress)
- Skills-Streaming
- Theraplay
- Trauma-Informed Care (TIC)
- Trauma-Focused Cognitive Behavioral Therapy

Through HopeSprings, therapists will address these issues by offering trauma-informed care through individual, family, and group sessions in office or home.

Staff Certified In Theraplay

HopeSprings is one of only a few providers within our geographical area that is certified to offer Theraplay, a child and family therapy based on the natural patterns of playful, healthy interaction between parent and child. In this therapy, interactions focus on four essential qualities found in parent-child relationships: Structure, Engagement, Nurture, and Challenge.

During Theraplay, a therapist guides the parent and child through playful, fun games; developmentally challenging tasks; and tender, nurturing activities. The very act of engaging each other in this way helps the parent regulate the child's behavior and communicate love, joy, and safety to the child. It helps the child feels secure, cared for, connected, and worthy.

Staff Certified in Trauma-Focused Cognitive Behavioral Therapy

Trauma-Focused Cognitive Behavioral Therapy is a components-based treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles and techniques.

Children and parents learn new skills to help process thoughts and feelings related to traumatic life events; manage and resolve distressing thoughts, feelings, and behaviors related to traumatic life events; and enhance safety, growth, parenting skills, and family communication.

Scheduling and Cancelling Appointments

To schedule an appointment, call (217) 531-2360. If you need to cancel or reschedule your appointment, please call 24 hours in advance. We will reschedule your appointment and be able to offer your cancellation to someone else in need. While we understand that certain circumstances do not allow you to cancel 24 hours in advance, we appreciate as much notice as possible.

Hours:

8:30 a.m.-6:00 p.m. Monday-Thursday

8:30 a.m.-12:30 p.m. Friday

Crisis line numbers are provided on page 21 for after hour emergency needs.

Injuries

If you are injured while at HopeSprings, you should notify staff immediately, regardless of how minor you believe the injury to be.

Emergency Evacuation Information

Look for Emergency Evacuation (Fire Evacuation-Tornado Shelter) diagrams posted throughout HopeSprings Counseling Services.

In the event of an emergency, it is important to remain calm, quiet, and listen for instructions. Should a fire alarm go off staff will support you to the closest exit. If a tornado weather warning is issued, staff will escort you to the designated area.

Client Emergency Situation

Should a client emergency situation arise and a panic alarm is activated, please remain calm and follow instructions given to you by your therapist/HopeSprings staff.

Weapon Free Environment

HopeSprings prohibits weapons of any kind in or around the facility. This includes guns, knives, tire irons, mace, or other similar items. This prohibition also includes individuals who have a valid conceal carry permit. HopeSprings Counseling has posted the Illinois No Concealed Gun sticker on the front door entering the facility. Local law enforcement will be called if weapons are brought into the facility.

Smoke-Free Environment

HopeSprings prohibits smoking or use of other tobacco products, and illicit drugs inside the facility. Smoking outside must be a minimum of 15 feet from the entryway and is prohibited under the blue awning.

Drug-Free Environment

HopeSprings prohibits illicit drugs of any kind in or around the facility. Any person discovered with illicit drugs will be asked to leave HopeSprings immediately. If the person refuses, local law enforcement will be notified immediately. Any person found to be under the influence will be asked to reschedule their appointment. HopeSprings will request any person under the influence to call someone for a ride if they drove themselves to their appointment.

Expectations for all Clients:

- Check in at the reception area and be prepared to confirm your insurance information, address, and phone number
- Be on time for your appointment. If you are 15 or more minutes late for your appointment, you will need to reschedule your appointment and it will be considered a client missed appointment.
- Complete all required assessments in a timely manner.
- Keep your cell phone on silent and/or vibrate, and refrain from taking or making calls where your conversation will be disruptive to others.
- If you need to use the restroom, please ask and someone will direct you to the facilities
- All parents/guardians/care givers are responsible for minor children and their behavior.
- Use responsible behavior and language throughout the clinic. Profanity, racial, sexual or discriminatory comments, and/or verbal abuse toward anyone will not be tolerated.
- Tell your therapist or a HopeSprings staff if you have been abused, neglected, or exploited. All Cunningham/HopeSprings staff are mandated reporters. Mandated reporters are required to call the DCFS Hotline when they have **reasonable cause to believe** that a child known to them in their professional or official capacity may be an abused or neglected child. The Hotline worker will determine if the information given by the reporter meets the legal requirements to initiate an investigation.

Note: Rules that are broken or disregarded will be addressed by the nature and severity of the infraction. This could range from a simple reminder or discussion to a change in treatment plan, or discharge from services. The above expectations should be followed at all times when at HopeSprings Counseling Services.

As a client of HopeSprings Counseling Services, you have the following responsibilities:

To know and abide by all the responsibilities and expectations outlined in the handbook.

- To know your rights as a client of this agency and to be considerate and respectful of the rights of both clients and staff.
- To use the grievance procedure if you feel your rights are being violated.
- To respect and honor the confidentiality and privacy of others.
- To know the names of the staff working with you
- To be honest and forthcoming about matters which relate to your services.
- To participate to the best of your ability in services and follow the recommendations offered by staff
- To keep appointments and cancel appointments with at least 24 hours notice if you cannot keep them.
- To report changes in your condition to those responsible for your care and welfare.
- To respect the property belonging to HopeSprings/Cunningham, other clients, and HopeSprings staff members. HopeSprings staff members and others clients have the ability to take legal action to recover the cost of his/her damaged property.
- To be responsible for your personal property while receiving service at HopeSprings. HopeSprings /Cunningham is not responsible for lost or stolen property.
- To refrain from any form of physical or verbal abuse or threat toward staff or other clients. Violation of this responsibility could result in immediate discharge from services and grounds for legal involvement if appropriate.
- To inform the Program Assistant/Account Receivable person of any changes in your address or other contact information, financial situation or insurance coverage.
- To ask questions any time you do not understand something
- If you are no longer interested in services, you agree to notify your assigned therapist or The Program Assistant.

Please do NOT...

- Tamper with fire alarms or any other safety equipment.
- Make verbal or physical threats of violence against any HopeSprings/Cunningham staff or other clients.
- Destroy property belonging to HopeSprings/Cunningham, HopeSprings/Cunningham staff members, or other clients
- Use intimidation against staff or other clients
- Carry or conceal any type of weapon
- Distribute or sell drugs of any kind
- Consume or bring alcoholic beverages, drugs or non-prescribed medication to HopeSprings Counseling Services.
- Smoke or chew tobacco inside HopeSprings Counseling Services or smoke within 15 feet of the HopeSprings awning.
- Bring food into the clinic, including the reception area.
- Ask to borrow money from HopeSprings/Cunningham staff or other HopeSprings/Cunningham clients
- Enter into a staff office, Family Room, Theraplay/Sensory Room, Conference Room, or Flex office without being accompanied by staff.
- Enter the area of HopeSprings that is designated as 'Employees Only'
- Sleep or lie down on the couches, chairs, rearrange furniture, lean chairs back against walls, put feet on the furniture, or adjust the window blinds.
- Come behind the reception desk without being accompanied by HopeSprings/Cunningham staff.
- Use your cell phone camera, or any other camera/recording device, to take pictures or record therapy sessions, treatment services, HopeSprings/Cunningham staff, or clients.
- Leave children/adolescents in the reception area without supervision. HopeSprings does not provide any type of supervision of children/adolescents.

Appropriate Dress

Clients are responsible for wearing appropriate clothing when at HopeSprings Counseling Services. If you are not dressed appropriately, staff will discuss it with you.

- Cover up. Sagging, short, low-cut or see-through clothing is not appropriate dress.
- Do not wear clothing that advertises drugs or alcohol.
- Shoes are required at all times

As a person served at HopeSprings, your rights include, but are not limited to:

- The right to be provided with appropriate mental health services in the least restrictive setting.
- The right to be free from abuse, neglect, and exploitation from staff and other clients while receiving treatment at HopeSprings.
- The right to have your rights, as well as any services you receive, explained in a language or method of communication you understand.
- The rights guaranteed to you by the United States Government and the State of Illinois. Services will not be denied, suspended, terminated, or reduced because you exercise your rights.
- The right to receive services without discrimination. You will not be denied mental health services because of age, sex, race, religious belief, ethnic origin, marital status, physical or mental disability or criminal record that is unrelated to present dangerousness.
- The right to have disabilities accommodated as required by the American With Disabilities Act, section 504 of the Rehabilitation Act and the Human Rights Act [775 ILCS 5].
- The right to contact the Guardianship and Advocacy Commission and Equip for Equality, Inc. Staff shall offer assistance to a client in contacting these groups, giving each client the address and telephone number of the Guardianship and Advocacy Commission and Equip for Equality, Inc.
- The right to contact the public payer or its designee and to be informed of the public payer's process to follow a grievance.

- Physical restraint/seclusion are not utilized in the HopeSprings Counseling Services Program.
- The right to express opinions on issues concerning your case or treatment. You are considered to be competent (able to make decisions) unless a court has determined you are not.
- The right to have a copy of your Individualized Treatment Plan that describes the services that will be provided to you. Your Individualized Treatment Plan will be reviewed at least every six months.
- The right to participate in the development and review of your treatment plan, as appropriate. If you have concerns about your treatment plan or the services you receive, you and/or your guardian may request an in-house review of your care and treatment services by Cunningham staff not involved in your treatment.
- The right to review your treatment file.
 - If you are under the age of 12, your parent/guardian can view your file at any time.
 - If you are 12 or over, you can ask to review your file; however, your right to review your file may be limited to protect you or others from harm. If applicable, your parent/guardian always has a right to basic information about your treatment. Some records will not be released to your parent/guardian without your permission.
You or your parent/guardian (if applicable) may write a note about any part of the file that is believed to be untrue. The note will be added to your file and included in any release of applicable record(s).

When you [or your parent/guardian (if applicable)] review your record, a staff member will be made available to answer questions and ensure the file remains secure.

- The right to confidentiality. If you are age 12 or over, you and your parent/guardian (if applicable) must give written consent to share information about you. Without your consent, records will not be shared unless your therapist believes it is in your best interest.
 - If you are under 12, your parent/guardian must give written consent to share information about you.
 - In some cases your age does not matter and HopeSprings may release information without consent. Some examples include:
 - If you require hospitalization because you are at risk of hurting yourself or others.
 - If you have been abused, neglected, or exploited.
 - If required for reviews done by other agencies to determine if HopeSprings is following various rules, laws, and standards

- Information related to crimes that occur on the property or against the staff of HopeSprings or involve immediate danger to someone else.
- The right for you or your parent/guardian (if applicable) to present grievances or to appeal adverse decisions related to the services you receive. The grievance process will be explained to you. A record of such grievances and the responses to those grievances will be maintained. You have the right to appeal decisions about your grievances to the highest level possible in the agency. The decision of the President/CEO and/or the governing body, when applicable, shall constitute a final administrative decision.
- The right to be notified of any restriction(s) of your right(s). Justification for any restriction to these rights shall be documented in your clinical record. Your parent or guardian (if applicable) as well as any agency you designate shall be notified of the restriction. Your parent or guardian (if applicable), the QMHP (therapist), the LPHA (Director of Community-Based Services or Associate Director of Clinical Services), and you will receive a plan with measureable objectives showing how your rights will be restored. The plan will be signed by all parties listed above.
- You, or your parent/guardian (if applicable), have the right to refuse services. Refusal of these services may result in your case being closed when it compromises treatment and/or there is significant risk to your safety or the safety of others.

My rights as a client at HopeSprings Counseling Services, A program of Cunningham Children's Home have been explained to me and I understand what they are. I have read (or had read to me) and received a copy of the document entitled Client Rights Statement. I also understand that the rules which describe these rights are available to me if I want. I have received a copy of Grievance Process describing the process for filing a complaint.

Informed Consent

As a client of HopeSprings Counseling Services, it is important for you to have a full understanding and awareness of what you are consenting to when you begin therapy and assessment services.

- I am seeking services at HopeSprings Counseling Services, A program of Cunningham Children's Home. If I'm younger than 18, I realize that my parent/guardian/funding agent is seeking services for me at HopeSprings.
- I consent to an assessment of my needs.
- I understand that a treatment plan will be developed based on an assessment of my needs and I will have the opportunity to participate in the development of the treatment plan.
- I consent to receive services offered by HopeSprings Counseling Services. A variety of treatment services are available to me to address my identified need (s). No guarantee or assurance has been given by anyone as to the results that may be obtained from services. I am responsible for actively participating in treatment services.
- I understand that there is the possibility of both risks and benefits. Treatment risks may include experiencing uncomfortable emotions (e.g., sadness). Treatment benefits may include a decrease in negative feelings and behaviors, improved relationships with others and ultimately, improvement in the quality of my life.
- I understand that if I present in a violent or threatening manner toward HopeSprings staff, I may be asked to enter a 30-day treatment contract which places expectations on my behavior in order to continue receiving services. I understand that these situations are managed on a case by case basis; however, if I continue to present in a violent and/or threatening manner, have multiple incidents of violent and/or threatening behavior over time, or are otherwise noncompliant with expectations, then my services could be terminated prior to 30 days from the date of the treatment contract. I also understand that if I do not agree to sign the treatment contract, HopeSprings will discontinue my services at the time of my refusal.
- I understand that if my needs are assessed by my therapist to be beyond what traditional therapy can provide that I may be asked to enter a treatment contract requesting that I engage in specific type(s) of treatment (e.g., inpatient or outpatient substance abuse, take psychotropic medication, day treatment, or inpatient psychiatric, etc.). I understand that if I do not agree to sign the treatment contract, HopeSprings will discontinue my services at the time of my refusal. I also understand that if I do not comply with the conditions of the contract, HopeSprings will discontinue my services in 30 days from the date of the treatment contract.
- I understand that HopeSprings may wish to use staff observation as well as video/audio equipment as part of treatment services. Any video/audio recordings are for

professional review only (staff training and supervision) and will not be made public. I will be informed prior to the use of any observation and/or video/audiotaping. I have the right to decline the use of observation and/or video/audiotaping.

- I have been apprised of my rights and I have been informed of the services offered by HopeSprings. I also have received this information in writing.

Parent/Guardian

- I am the parent or guardian of a minor or guardian of an adult seeking services.
- I consent to an assessment of this client's needs.
- I understand that a treatment plan will be developed based on assessment of this client's needs and I will have the opportunity to participate in the development of the treatment plan.
- I consent to this client's participation in the services offered by HopeSprings. A variety of treatment services is available to the client to address his/her identified needs(s). No guarantee or assurance has been given by anyone as to the results that may be obtained from services. Each client is responsible for active participation in treatment and services offered.
- I understand that there is the possibility of both risks and benefits. Treatment risks may involve the client experiencing uncomfortable emotions (e.g., sadness). Treatment benefits may include a decrease in negative feelings and behaviors, improved relationships with others and ultimately, an improvement in the quality of the client's life.
- I understand that HopeSprings may wish to use staff observation as well as video/audio equipment as part of treatment services. Any video/audio recordings are for the professional review only (staff training and supervision) and will not be made public. I will be informed prior to the use of any observation and/or video/audiotaping. I have the right to decline the use of observation and/or video audiotaping.
- I have been apprised of the client's rights and I have been informed of the services offered by HopeSprings. I have also received this information in writing.
- I am legally able to sign this form as this client's parent or legal guardian.

HopeSprings' Grievance Process

As a client at HopeSprings Counseling Services, a Program of Cunningham Children's Home, you have a right to file a grievance (complaint) about the services you receive, decisions that are made or how you are treated. This explains what a grievance is, how to file a grievance, and how HopeSprings/Cunningham staff will respond to a grievance. If you have more questions about this process, talk with your therapist or the associate director of clinical services.

1. What Is A Grievance?

A grievance is a complaint. Grievances can be about many things, but most grievances involve how you are treated, services you receive or decisions that are made that you believe are not the best for you.

2. Who Can File A Grievance?

- You (the client)
- Your legal guardian (if applicable)
- Professional staff involved in your case

3. How Do I File A Grievance?

- a. Ask for a grievance form from your therapist or the Program Assistant. The form has 3 questions:
 - 1) What are you filing a grievance/complaint about?
 - 2) What right(s) have been violated?
 - 3) What would you like to see happen in response to your grievance/complaint?

*If you need help filling out the form, any staff person can help you. Be sure to sign and date the completed grievance form.

- b. The completed form may be given to the Program Assistant or to your therapist. The person who receives the grievance will sign and date the grievance form and make a copy for you.

- c. The grievance form will then be given to Angie Adams Martin, the Director of Community-Based Services. Angie will decide who will review the grievance. Depending on the issue, it may be reviewed by either Angie or the Associate Director of Clinical Services.

- d. Either Angie or the Associate Director of Clinical Services will schedule a meeting with you to talk about the grievance. After the meeting, Angie or the Associate Director of Clinical Services will schedule a meeting with you to talk about the grievance. After

the meeting, Angie or the Associate Director of Clinical Services will send you a letter telling you what was decided. This step may take up to 10 business days.

e. If your grievance has not been resolved, it will then be forwarded to Pat Ege, Vice President of Program Services. Pat will schedule time to talk with you about the grievance. After the meeting, Pat will send you a letter telling you her decision. This step may take up to 10 business days.

f. If the grievance still has not been resolved, Pat will send the grievance to Marlin Livingston, President/CEO. The President/CEO will schedule time to talk with you about the grievance. After the meeting, he will send you a letter telling you his decision about your grievance. This step may also take up to 10 business days. Marlin's decision is generally final and cannot be appealed. However, depending on the nature of the grievance and our ability to resolve the issue, your grievance may go to the Cunningham Board of Directors for review. The decision of the Board is final and cannot be appealed.

4. What Else Should I know?

- Any staff person involved in your grievance will not decide how it will be handled. This may mean that the grievance will skip a step or another person in a similar position will review your grievance instead.
- You may take back or stop a grievance you've submitted at any time.
- There will not be any consequence for filing a grievance.
- The 10 business day time limit for each step of the grievance process may be increased if both you and the staff person agree. If Cunningham staff do not meet the 10 business day time limit (and you did not agree to a change), the grievance will move to the next step in the process. The grievance will not automatically be resolved in your favor.
- If you have any problems using the grievance process, please contact Shawn Peterson, Director of Quality Improvement (speterson@cunninghamhome.org or 217-367-3728) for help.
- You may also present grievances to the agency that is funding your services at HopeSprings. These agencies have their own grievance procedure. Contact information is below:

You have the right to contact the following agencies if you believe your rights have been violated

Client Rights/Advocacy Agencies:	State Agencies:
Guardianship & Advocacy Commission Eastern Central Regional Office 2125 S. 1 st Street Champaign, IL 61820 (217) 278-5577; (866) 274-8023	Illinois Department of Human Services Division of Mental Health 319 East Madison Ave., Suite 3B Springfield, IL 62701 (217) 782-6470
Equip for Equality 235 S. Fifth St. Springfield, IL 62705 (217) 544-0464; (800) 758-0464 TTY (800) 610-2779	Illinois Mental Health Collaborative P.O. Box 06559 Chicago, IL 60606 (866) 359-7953 TTY (866) 880-4459
Illinois Department of Human Services Division of Mental Health Statewide Coordinator of Deaf & Hard of Hearing Services 901 Southwind Road Springfield, IL 62703 Voice (217) 786-0023; Fax (217) 786-0024 Video Phone (217) 303-5807	Department of Human Services: DHS Family Community Center for Champaign County 705 N. Country Fair Dr. Champaign, IL 61821 (217) 278-5605 DHS Help Line: (800) 843-6154
The Office of Civil Rights (OCR) 233 North Michigan Avenue Chicago, IL 60601 (800) 368-1019	Illinois Department of Children & Family Services 508 South Race Street Urbana, IL 61801 (217) 278-5400
	Illinois Department of Human Services Office of Inspector General OIG 24 Hour Hotline: (800) 368-1463
	East Central Illinois Area Agency on Aging 1003 Maple Hill Road Bloomington, IL 61704-9327 1-800-888-4456 (309)829-2065
	Department of Children and Family Services Administrative Hearings Unit 406 E. Monroe Street Springfield, IL 62707 (217) 782-6665
	Department of Juvenile Justice Contact your assigned parole agent.
	Illinois State Board of Education 100 North First Street Springfield, IL 62777 (217) 782-4321

Fee Agreement and Financial Policy

This contains important information regarding fees and insurance. Please review and make sure you understand the policy. If you have any questions, please discuss with your Therapist or the Program Assistant BEFORE signing.

Fees: HopeSprings offers a wide variety of services. All services are provided by a professional and billed accordingly. The private pay rate is \$150.00 for a typical 52-60 minute session. Sessions less than or more than a typical session are prorated at \$37.50 per 15 minute increments.

Health Insurance: Hope Springs will submit claim information to your insurance provider, if applicable, to help assist with the cost of treatment.

Client Responsibility for Payment: In general, clients are responsible for payment at the time of service.

- If insurance is being used, **ALL** co-pays, deductibles and/or co-insurances (if known) are due at the time of service.
- If Medicaid is being used, any spenddown fees, if applicable, are due at the time of service.
- If insurance or Medicaid does not cover services provided, you are responsible for full payment at the time of service.
- If you cannot pay for the services at the time of your appointment, you may not be seen.
- Accepted forms of payment are cash or check. Checks should be made payable to Cunningham Children's Home.

Private Pay: If you do not have insurance or other benefits, you will be required to pay the full fee of \$150.00 per hour of service. You may request the sliding scale application from the Program Assistant.

_____Cancellations and Missed Appointments: Insurance companies and Medicaid do not pay for missed or cancelled appointments. Cancellations require at least 24 hour notice by phone. If we are closed or otherwise unavailable, leave a confidential voice mail to cancel. If an appointment is canceled or missed without the appropriate notice, you will be charged \$25.00, unless otherwise prohibited by a third-party payer contract.

_____Late Cancellations: HopeSprings understands that illnesses and emergencies happen. Beginning March 1, 2018 you will be gifted one free late cancellation per calendar year. This waiver will only apply to the first late cancellation of the year. For all other cancellations, you will be charged a \$25.00 late cancellation fee (this is discounted from our usual hourly rate of \$150.00).

_____ **No Shows:** If you do not show up for your scheduled appointment and do not give a notice, you will be charged a \$25.00 fee, no exceptions. We are not like a doctor's office where we schedule multiple people an hour knowing some may not show up. Our providers set aside one hour specifically to see you. It is not acceptable to no show your appointments.

_____ **Past Due Accounts:** If you do not pay for services on time, you may have services terminated. All past due accounts will be assessed a \$25.00 penalty if payment has not been received within 30 days. All clients may request a payment plan. Clients have 10 business days to agree to a payment plan or pay balance in full once notified their account is past due. If the balance remains unpaid or a payment plan has not been established in the appropriate time frame, the client will be notified by mail that services are being terminated as of the effective date of the letter. Accounts with a balance of \$75.00 or more must reduce their balance to \$0 before scheduling any future appointments.

_____ **Health Insurance:** Health insurances are used to assist in the payment process; however, you are ultimately responsible for payment. In order to best serve our clients with private insurance, HopeSprings requires that you consent to the following information:

1. HopeSprings is authorized to bill my insurance company on my behalf for services provided.
2. I give permission to HopeSprings to release any and all information required in order to process payment with my insurance provider.
3. HopeSprings is authorized to act on my behalf for obtaining payment, and I authorize the rights to the claims and payments from my insurance to HopeSprings. Should I receive any reimbursement directly for services provided to me by HopeSprings, I will turn over the payment within ten business days.
4. I understand that HopeSprings will assist in submitting billings to my insurance company for payment but that not all mental health services are covered by insurance companies.

Financial and Benefit Information

1. I understand it is my responsibility to communicate any changes to my benefits or financial information, if applicable, to HopeSprings.
2. I understand that at a minimum, HopeSprings will require annual benefit information updates.

Fee Agreement: I understand I am responsible for paying the following amount at the time of each appointment:

\$_____.

HopeSprings Counseling Services

701 Devonshire Dr., Suite B16-18, Champaign, IL 61873

Phone: (217) 531-2360

fax: (217) 352-2635

Crisis Line Numbers:

CARES Crisis Line:	(800) 345-9049 (773) 523-4504 (TTY)
Champaign/Ford County	
Rosecrance Crisis Line:	(217) 359-4141
Vermilion County	
Crosspoint Human Services Crisis Line:	(217) 443-5566
Crosspoint Domestic Violence Hotline:	(888) 549-1800
Iroquois/Kankakee County	
Harbor House Crisis Line:	(815) 932-5800
Piatt County	
Mental Health Center Crisis Line:	(217) 762-4357
McLean County	
Center for Human Services Crisis Line:	(309) 827-5351
DeWitt County	
Human Resource Center Crisis Line:	(217) 935-9496
Edgar/Coles/Clark County	
LifeLinks Crisis Line:	(866) 567-2400
Macon County	
Heritage Crisis Line:	(217) 362-6262
National Crisis Hotlines	
Suicide Hotline:	(800) 784-2433; (800) 273-8255 (800) 799-4889 (TTY)
LGBT Youth Suicide Hotline:	(866) 4-U-TREVOR
The Warm Line: Peer & Family Support: Available M-F 8 AM – 5PM	(866) 359-7953 (866)-880-4459 (TTY)

Handbook Acknowledgment

I understand that by signing this I acknowledge that I received a HopeSprings Handbook, which includes copies of my Client Rights, Informed Consent, Grievance Process, Fee Agreement, and Financial Policy.

If I have questions about information in the handbook, I understand that I should talk with my therapist.

Client Signature

Date

Guardian Signature (if applicable)

Date