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Client Information Brochure

Welcome to my psychology practice! This is a pamphlet that contains helpful information regarding my practice to help you better understand the policies as well as achieve the best possible treatment outcome. If you still have questions or concerns after reading this material, please feel free to ask. I will be happy to help you.

Office hours: My office hours are Mondays (9am-2pm), Tuesdays (9am-9:00pm), and Thursdays (9am-2pm). Clients who need to speak with me can reach me on my confidential phone number listed above. I check messages throughout the day and most calls are returned within 24 hours, except for weekends/holidays. Please don't leave text messages or e-mails, as I prefer voicemail.

Fee for Service: All individual therapy sessions are 55 minutes. Please be aware that sessions typically end after 55 minutes, as there are other clients waiting to be seen. The fee for the initial Diagnostic Evaluation is \$185.00. Subsequent individual and family therapy sessions are \$165.00. Additionally, parent consultations are \$165.00. Clients wishing to use insurance benefits are asked to present their insurance information and the pre-negotiated co-pay, percent or deductible in lieu of the full rate at each session. For clients who use in network insurance, I will submit all claims to insurance at the end of the month. For clients who use out of network insurance, I will complete session receipts after each session. Additionally, I will provide health claim forms at the end of every month and you may submit to your insurance. Those who use out of network insurance will need to provide payment for the full fee each appointment. Clients selecting to self pay are asked to keep their accounts current and to pay for each session on that session day. Visa, Mastercard, Discover, cash and checks are acceptable forms of payment.

Cancellation Policy: 24-hour notice of cancellation/appointment change is required or the session will be billed at its full rate (\$165). If there is an emergency, please contact me as soon as you can.

Frequency of Treatment: Typically, clients are asked to come in on a weekly basis. I do my best to arrange a regular time for each client. At times, depending on the severity of symptoms, clients are asked to come in twice or three times a week if more intensive therapy is needed. Furthermore, in times of crises, it is possible to schedule additional sessions.

Confidentiality: What is discussed in the confines of the office remains private and confidential within the following requirements of law. First, if a client or family member reports that there is any possibility of harming themselves or others, including but not limited to physical or sexual abuse, neglect and suicidal or homicidal behavior, the law requires that I make a formal report regarding the situation. Should the need ever arise to make such a

report; every effort will be made to involve you in the process and to do so with your participation. My goal is the protection and safety of the clients. Second, if you ask me to bill your insurance, I may be required to share case notes, summaries and other pertinent information about the reasons/diagnosis for which you are seeking therapy. Whenever possible, I limit this information and provide the least amount required to secure benefits. You may request to see this information before it is submitted. Finally, in legal proceedings, if my records are subpoenaed by the court, I may need to provide them. However, I will discuss the possible risks and benefits of a requested release of information before that information is disclosed.

Emergency Contact: Should a mental health emergency arise, please contact the nearest hospital emergency room. Once the situation is stabilized, please let me know via phone where you are and what is occurring. I will participate in the emergency intervention as needed and provide whatever case information you ask me to release. Please understand that if this emergency occurs overnight or on a weekend/holiday, it may be the next business day before I am able to respond.

Client responsibilities: Clients will be asked to work outside of sessions, implementing the strategies and knowledge we discuss together and to be actively involved in your (or your child's) growth and development. You will also be asked to accurately report back on what works and what does not work in achieving the changes and progress you identify as your goal. It is up to you to provide honest effort at helping yourself, your child and your family change and grow. All participants are also responsible for sharing their feelings and concerns, and working through any issues that arise as treatment proceeds. Therapy is a process of discovering what will work for each individual client and family.

Thank you for reading this material! If the identified client is your child, please be sure that your child understands the above material, so that he or she can be more actively involved in the treatment process and take more responsibility for making the treatment work for him or her. If you would like me to elaborate or explain further, please do not hesitate to ask.

I wish you the very best!

Dr. Mary Englund