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Dear New Client:

Welcome, and I am looking forward to seeing you for your first session. The following pages will fill you in on a few things about how I run my practice.

In order not to waste paper, I have provided all this information in permanent form on my website and in the waiting room. You can review it at any time here, or print it out from my web site, [www.drwiller.com](http://www.drwiller.com) whenever you might need a copy.

I'll look forward to seeing you soon!

Sincerely,

*Jan Willer*

Jan Willer, Ph.D.

## **Practice and Payment Policies**

### **Length of Sessions**

All sessions are 45-50 minutes.

### **Lateness**

Please come on time. Due to the scheduling of others' appointments, I am usually unable to extend past the usual end time. Your full fee will be due even if you are late. However, if I am running late, I will either prorate your session fee (if possible, given your payment situation) or extend the time.

### **Insurance**

If you expect another payer (e.g. insurance, Medicare) to be paying for part of your session, it is your responsibility to ensure that you are covered by that payer. We can discuss how to ensure this if it would be helpful. You will be charged if the other payer does not pay your bill as you expected. If you have an out-of-state Blue Cross policy, I ask that you fill out the credit card payment form.

### **Means of Payment**

I accept cash, check or charge.

### **Cash or Check**

I prefer to be paid with cash or check. You may make out a check beforehand if you want to save time during the session. If you pay by check, I recommend that you fill out a check for your payment before your session, so you don't waste valuable time during your session for paperwork. For client paying out of pocket (those for whom I do not bill insurance), a \$5 per session discount will be given if you pay with cash or check.

### **Credit Card Payments**

If you prefer, I can take your credit card. I accept Visa and Mastercard debit cards, as well as Visa, Mastercard and Discover credit cards. Please note that charges will show up on your statement as professionalcharges.com. I do ask that charge amounts be at least \$40. Bring the credit card you want to use to your first session. There is a form you will need to fill out. Charges will appear on your statement as professionalcharges.com.

### **Time of Payment**

Fees or copayments are due at the time of the appointment.

### **Deductibles**

If there is an unpaid deductible, or you have an out-of-state Blue Cross policy, or you have a substance use problem, I ask that you fill out the credit card payment form.

## **Receipts**

If you would like a receipt, please let me know. I will e-mail you a receipt on a monthly basis, upon request.

## **Cancellation Policy and Fee**

**If you need to cancel, please call at least 48 hours ahead, otherwise there is a \$100 fee.** Also, do not cancel appointments by e-mail, unless it is more than 3 days in advance. Call to cancel appointments instead. If you have a crisis or illness and can't attend your appointment, call me and we will discuss it. If this happens rarely, or for the first incidence, I will generally waive the cancellation fee.

## **No-show Fee**

**If you do not show up for your appointment and do not call, there is a \$100 fee.** We cannot schedule another appointment until that fee is paid.

## **Non-payment of Fees**

If you have not paid your psychotherapy fees and do not respond to my attempts to contact you and work out a payment plan, I reserve the right to forward any past due amount to collections. By coming to see me, you agree to this policy.

## **Release of Information**

Please fill out the release of information form if you have had any mental health treatment or medications within the last 2 years. Please fill out one form for each provider who has given you psychotherapy, medications and/or any other mental health treatment in that time period.

## **Phone Messages**

I check my messages at least once each day. I will attempt to return any message you leave for me within 24 hours of getting it. Routine messages left on Saturday or Sunday will be returned on Monday. I am not available by phone after 7 pm or before 9 am. There will be a charge for lengthy phone consultations.

## **E-mail**

Please feel free to communicate with me about routine matters by e-mail. My e-mail address is jan@drwiller.com. I typically check my e-mail every 1-4 days, so if your matter needs more timely attention, please call instead. I will do the best I can to assure your confidentiality through e-mail, but due to viruses, hackers, etc, no e-mail correspondence can be guaranteed to be confidential. So do not send any information that you would consider to be sensitive information through e-mail.

## **Emergencies**

If you are having an emergency and I am not available at that time, you may call a hotline. If it may be a life-threatening emergency, do not call me first. Instead, call 911 or go to your nearest hospital emergency room. Never e-mail me in an emergency. Call instead.

**If any of these policies do not work for you, please let me know; I will attempt to refer you to someone who may be able to meet your needs better.**

### **Information for Clients (Informed Consent Form)**

**Your Involvement:** Psychotherapy is not like visiting a medical doctor. It requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. An important part of your therapy will be practicing new skills that you will learn in sessions. You will probably have to work on relationships in your life and make long-term efforts to get the best results. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying.

**Length and Frequency of Therapy:** At first, you should attend on a weekly basis. Sessions last 45-50 minutes. Some problems can be improved in 2-3 months of therapy. Other problems need long-term treatment. I have evaluated you, I can answer any questions you have about the length of therapy.

**Ending Therapy:** It is best if we decide together when to end your therapy. However, if you wish to stop therapy at any time, please tell me ahead of time and attend at least one more session. If you would like to take a “time out” from therapy, please let me know.

**Risks of Therapy:** You may have negative feelings during therapy. You may recall and discuss unpleasant memories. Some people mistakenly view anyone in therapy as weak, or perhaps as seriously disturbed or even dangerous. You may decide to change some relationships and this may not always go well. Also, there is a risk that therapy may not work for you.

**Benefits of Therapy:** The benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed usually find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients’ relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

**Additional and Alternative Treatments:** If you could benefit from a treatment I does not provide, I can help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. I may recommend a medical exam, medications or other treatments. If you wish for another professional’s opinion at any time, or wish to talk with another therapist, I can help you and can provide him or her with the information needed.

**The Therapeutic Relationship:** As a professional, I will use my best knowledge and skills to help you. This includes following the standards of my professional organization, which puts ethical limits on the relationship between a therapist and a client. I will do my utmost not to reveal that you are a client to maintain your privacy. If you meet on the street or socially, I may not say hello or talk to you much; this is not a negative personal reaction to you, instead, I am trying to maintain your confidentiality. I will not attend your family gatherings, such as parties or weddings. This could compromise your confidentiality as well.

Also, I cannot have any other role in your life. I cannot, now or ever, be a close friend or socialize with you. I can never have a sexual or romantic relationship with any client during, or after, the course of therapy. I cannot have a business relationship with any clients, other than the therapy relationship.

**Appointments:** If you are late, I will probably still need to end your session at the usual time, because of scheduling reasons. Please try not to miss sessions. When you must cancel, please give me at least a week's notice. Do not bring children with you if they need babysitting or supervision. Older children can wait in the waiting room, but please bring items to keep them occupied during your session.

**No Court Testimony:** If you ever become involved in a divorce or custody dispute, or any other legal matter, I will not provide evaluations or expert testimony in court. Your signature indicates your agreement with this provision.

**Complaint Procedures:** If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I, or any other therapist, has treated you unfairly or has even broken a professional rule, please tell me. You can also contact the state or local psychological association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the state board of psychologist examiners, the organization that licenses those of us in the independent practice of psychology.

**Contact:** I will not be available at all times. Discuss my availability, and if you think this will be a problem, get a referral to someone else who may meet your needs better.

**In Case of Emergency:** If you are feeling suicidal, do not call me, since I may not be available 24/7. Instead, it is your responsibility to seek out help immediately. Go to your nearest emergency room or call 911. If there is an emergency and I become concerned about your personal safety, I may need to contact someone close to you—perhaps a relative, spouse, or close friend. I may also need to contact this person, or the authorities, if I become concerned about your harming someone else, especially children or the elderly.

**Questions:** Please feel free to ask any questions you have about therapy at any time.

## Confidentiality Information

I will treat what you tell me with great care. My professional ethics (that is, my profession's rules about moral matters) and the laws of this state prevent me from telling anyone else what you tell me unless you give me written permission. These rules and laws are the ways our society recognizes and supports the privacy of what we talk about—in other words, the “confidentiality” of therapy. But I cannot promise that everything you tell me will *never* be revealed to someone else. There are some times when the law requires me to tell things to others. There are also some other limits on our confidentiality. Because I want you to understand clearly what I can and cannot keep confidential I have prepared this handout. These are very important issues, so please read these pages carefully and keep a copy. We can discuss any questions you might have.

### Insurance

If you use your health insurance to pay a part of my fees, insurance companies require some information about our therapy. Insurers such as Blue Cross/Blue Shield or managed care organizations may ask for information about you and your symptoms, as well as a detailed treatment plan. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company will need to pay your benefits.

### Legal Limitations to Confidentiality

You have the right to keep what you tell me private. Generally, no one will learn of our work without your written permission. There are some situations in which I am required by law to reveal some of the things you tell me, even without your permission. Here are some of these situations:

- a. If I come to believe that you are threatening serious harm to another person, I am required to try to protect that person. I may have to tell the person and the police, or perhaps try to have you put in a hospital.
- b. If you seriously threaten or act in a way that is very likely to harm yourself, I may have to seek a hospital for you, or to call on your family members or others who can help protect you. If such a situation does come up, I will fully discuss the situation with you before I do anything, unless there is a very strong reason not to.
- c. In an emergency where your life or health is in danger, and I cannot get your consent, I may give another professional some information to protect your life. I will try to get your permission first, and I will discuss this with you as soon as possible afterwards.
- d. If I believe or suspect that you are abusing a child or an elderly person, I must file a report with a state agency. To “abuse” means to neglect, hurt, or sexually molest another person. I do not have any legal power to investigate the situation to find out all the facts. The state agency will investigate. If this might be your situation, we should discuss the legal aspects in detail before you tell me anything about these topics. You may also want to talk to your lawyer.
- e. If a court orders me to testify about you, I must do so.
- f. If I am testing or treating you under a court order, I must report my findings to the court.

### **Sending Your Records Out**

If you want me to send information about our therapy to someone else, you must sign a “release-of-information” form. I have copies that you can see, so you will know what is involved. If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a release form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask me.

### **Professional Consultation**

I sometimes consult other therapists or other professionals about my clients. This helps me in giving high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, and they will be told only as much as they need to know to understand your situation.

### **Back-Up Therapeutic Coverage**

When I am away from the office for a few days, I have a trusted fellow therapist “cover” for me. This therapist will be available to you in emergencies. Therefore, he or she may need to know about you. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality.

### **Professional Educational Use of Case Materials**

As a therapist, I naturally want to know more about how therapy helps people. I would be grateful for your consent to use your case material in my other professional activities. Your material may help in the development of the mental health field or in the training of health care workers. It is possible that I may use some details about your treatment in teaching, supervision, consultation with other therapists, publishing, or scientific research. For these purposes, I would use clinical or case notes that I have taken during or after our sessions. You would not get any financial benefit from this. When I use information from my therapy work, I do not want anyone who hears, reads, or sees it to be able to identify the clients involved. Therefore, I conceal your identity by removing or changing all identifying information. In particular, I would not use your real name, or even a detailed description of you, in any presentation, article or book. In fact, I will change specifics about you so that no one will be able to recognize you. If you do not agree to the uses of case materials as indicated, you will not be penalized in any way, and it will not affect the care you receive in any way. You may draw an X through this section on the signature page if you do not want your case materials used in this way.

### **Legal Consultation**

The laws and rules on confidentiality are complicated. Please bear in mind that I am not able to give you legal advice. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, I may then be ordered to show the court my records. If you have special or unusual concerns, such as these, and so need special advice, I strongly suggest that you talk to a lawyer about these concerns.

**Now, please go to the Signature Page, print it out and sign it.**