



ALIGNED

COUNSELING

Client Information

Legal name:

Preferred name: _____ Pronouns: _____

Sex assigned at birth (for insurance): _____ Gender identity: _____

Date of birth: _____ Phone number: _____

Email address:

Street address:

City, state, zip code:

Living arrangements (include who is living with client):

Relationship status: _____ Sexual orientation: _____

Race/ethnicity: _____ Primary language: _____



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Employer:

Referral info (name & phone #):

Emergency contact (name & phone #):

Relationship to client:

Do you have a FOID card? _____ Do you own and/or possess a firearm? _____

Insurance Information

Name of insured person:

Relationship to client:

Insurance provider (e.g., BCBS or United/Optum):

Member ID: _____ Group #: _____

Insurance phone number: _____



Informed Consent for Psychotherapy and Practice Policies

Effective Date: February 16, 2026

Welcome to Aligned Counseling!

I'm looking forward to working with you. The therapeutic relationship is unique in that it is both highly personal and, at the same time, a professional relationship. It is important that we have a clear understanding of how our work together will proceed and what each of us can expect. This document is intended to provide a framework for our work together and answer many commonly asked questions. Please feel free to ask questions at any time during treatment.

INFORMED CONSENT

You have taken a courageous step by deciding to begin therapy. The outcome of treatment depends largely on your willingness to actively participate in the therapeutic process. Therapy may involve discussing difficult experiences, relationships, grief and loss, trauma, fertility concerns, anxiety, depression, and other sensitive topics that may evoke strong emotions.

There are no guarantees regarding specific outcomes. While I cannot promise that your circumstances or behaviors will change, I can promise to provide a supportive, compassionate, and evidence-based therapeutic environment. Together, we will work toward your goals using therapeutic approaches that I believe best fit your needs.

APPOINTMENTS AND CANCELLATIONS

Services are provided by appointment only. Individual therapy appointments are generally scheduled for 45–55 minutes.

If you arrive late for a session, you will lose a portion of your scheduled appointment time. Because appointment times are reserved exclusively for you, appointments canceled or rescheduled with less than 24 hours' notice will incur a cancellation fee. Missed appointments (no-shows) will also incur a cancellation fee.

Fees charged for cancellations and missed appointments are not reimbursable by insurance.

If you know in advance that you cannot attend your appointment, please call/text (773) 242-9104 or email molly@alignedcounselingchicago.com as soon as possible to reschedule.



If you do not provide the appropriate notice as outlined above, you are responsible for the full cost of the missed session.

INSURANCE AND PAYMENT

All payments, including copays, deductibles, coinsurance amounts, out of pocket fees, and sliding scale fees, are due at the time of service.

Current out of pocket rates (2026) are:

- \$225 for intake appointments
- \$200 for 55-minute individual therapy sessions
- \$175 for 45-minute individual therapy sessions
- \$100 for 30-minute individual therapy sessions

Fee schedules may be reviewed and adjusted annually.

If you have a Blue Cross Blue Shield PPO, Blue Choice PPO, or United Healthcare/Optum PPO plan, I am an in-network provider and will submit claims directly to your insurance company.

Although I will assist in verifying benefits whenever possible, insurance verification is not a guarantee of coverage or payment. You remain financially responsible for services rendered if your insurance company denies or reduces payment. You are responsible for informing Aligned Counseling of any changes to your insurance coverage.

If you have another insurance plan, I am happy to provide documentation that may assist you in seeking out-of-network reimbursement.

Reduced-fee appointments may be available based on financial need. Eligibility is determined through a separate application process.

Accepted forms of payment include credit card and check. Returned checks will incur a \$10 service charge.

Should an account become delinquent and require collection services, you may be responsible for any collection-related costs incurred.



RIGHT TO RECEIVE A GOOD FAITH ESTIMATE OF EXPECTED CHARGES

Under federal law, healthcare providers must provide a Good Faith Estimate to individuals who do not have insurance or who are not using insurance benefits.

You have the right to receive a Good Faith Estimate explaining the expected cost of non-emergency healthcare services.

You have the right to receive a Good Faith Estimate before scheduling services and at least one business day before receiving services.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you have the right to dispute the bill.

For questions or additional information regarding your rights under the No Surprises Act, please visit:

www.cms.gov/nosurprises

COMMUNICATION AND EMERGENCIES

To best meet client needs, communication may occur via telephone, email, text message, or the secure client portal.

Please note that email and text messaging are not secure forms of communication. If you choose to utilize these methods, please limit communication to non-clinical matters such as scheduling.

Aligned Counseling, PLLC utilizes the HIPAA-compliant SimplePractice platform for scheduling, secure messaging, document sharing, and billing services. Clients are encouraged to use the secure client portal whenever possible when communicating confidential or sensitive information.

I make every effort to return communications within one business day. Please note that I do not return missed calls when a voicemail is not left.

Aligned Counseling, PLLC does not provide emergency or crisis services.

If you are experiencing a psychiatric or medical emergency, call 911, contact 988, or go to your nearest emergency room immediately.



SOCIAL MEDIA POLICY

Due to the importance of confidentiality and maintaining appropriate professional boundaries, I do not accept friend requests, follows, or other social media connections from current or former clients on social networking sites such as Facebook, Instagram, LinkedIn, TikTok, or similar platforms.

Participating in social media relationships may compromise your confidentiality and blur the boundaries of the therapeutic relationship. If you have questions about this policy, I am happy to discuss them during a session.

CONFIDENTIALITY AND CONSULTATION

All information regarding you, your treatment, and the fact that you are receiving services is confidential and will not be released outside of Aligned Counseling, PLLC without your written authorization, except as required or permitted by law.

Your confidentiality is protected by professional ethics, HIPAA, and applicable Illinois law.

Important exceptions to confidentiality include:

- When there is a serious risk of harm to yourself or another person.
- Suspected abuse, neglect, or exploitation of a child, older adult, or dependent adult.
- Situations in which disclosure is otherwise required by federal or state law.
- Certain legal proceedings when disclosure is authorized or required by law.

Federal law provides additional protections for certain reproductive health information. In some circumstances, federal law may prohibit the use or disclosure of protected health information related to lawful reproductive healthcare, even when such information is requested through legal, administrative, or law enforcement processes.

We are also required by Illinois law to report when an individual is determined to present a serious danger to themselves or others and possesses a firearm.

If we encounter one another in public, I will not acknowledge you first in order to protect your confidentiality. If you choose to greet me, I will be happy to respond but will avoid engaging in discussions regarding your treatment outside of the therapy setting.



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Consultation is an important component of providing quality clinical care. From time to time, I may consult with other licensed mental health professionals regarding your treatment. During these consultations, identifying information will be limited whenever possible, and all consulting professionals are legally and ethically bound to maintain confidentiality.

LEGAL SERVICES CLAUSE

I do not provide evaluations related to custody, visitation, parental fitness, or other forensic matters.

Accordingly, I will not provide testimony, reports, recommendations, or opinions regarding custody, visitation, parental responsibility, or related legal matters.

If I am contacted by an attorney regarding your treatment or your child's treatment, the following fees apply:

- \$300 per hour for preparation, consultation, document review, report preparation, travel time, depositions, court appearances, and testimony.
- Court-related services are not covered by insurance.
- Fees for legal services must be paid in advance of the scheduled legal proceeding.
- You will be responsible for any costs incurred by Aligned Counseling related to legal consultation or representation necessary to respond to legal requests involving your treatment.

MINORS

If you are a minor, your parent(s) or legal guardian(s) may be legally entitled to certain information regarding your treatment. Whenever possible, I will discuss with you and your parent(s) what information is appropriate to share and what information may remain confidential.

TERMINATION OF SERVICES

Ending therapy can be an important part of the therapeutic process. Whenever possible, we will discuss termination together in order to provide appropriate closure and review progress made during treatment.

I may initiate termination if treatment is no longer clinically appropriate, if services are no longer being utilized effectively, or if there is a failure to meet financial obligations.



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If therapy is terminated, I will provide referrals to other qualified providers when appropriate.

If you do not schedule an appointment for three consecutive weeks and no alternative arrangements have been made in advance, the professional relationship may be considered terminated.

CLIENT ACKNOWLEDGMENT

By signing below, I acknowledge that:

- I have read and understand the information contained in this document.
- I have had the opportunity to ask questions.
- My questions have been answered to my satisfaction.
- I understand the risks and benefits of therapy.
- I voluntarily consent to participate in treatment with Aligned Counseling, PLLC.

Authorized signature: _____ Date: _____