

Information for Clients



Better Days Therapeutic Services

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Welcome to Better Days Therapeutic Services. Thank you for giving me the opportunity to be of help to you. This packet explains a bit about my approach as a therapist, what to expect from therapy, and our office policies and procedures. Please read it before our first session together, and write down any questions or thoughts you might have. We will discuss everything in person when we meet.

My Approach to Therapy

I work with clients from a strengths-based, client-centered approach. I do not rigidly adhere to one theoretical framework or therapeutic approach, and I don't believe that a "one size fits all" approach is the most effective way to work with clients. Rather, I look at each client's needs and goals, and work with him or her to figure out the most effective combination of therapeutic tools for that client. Similarly, how I work with a client may change over time. If something is not working as well as we would like it to, we may decide, together, to switch gears and try something else.

There are many forms of therapy that inform my practice. I draw from Cognitive Therapy, Behavior Therapy, Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and Mindfulness-based therapies, among others. Additionally, I believe that it is important to utilize some way of measuring progress throughout the therapeutic process, beginning at the initial meeting. This can be anything from a verbal self-report from the client, to a more formal checklist or scale.

Before beginning therapy, it is also important for you to understand what I am NOT.

I am not here to tell you what to do, how to think, or what decisions to make. Rather, I aim to help you to explore and gain confidence in yourself so that you can believe in and rely upon yourself to do, think, and decide what is best for you. This process will require work on your part. Expect assignments or homework between sessions. This allows us to make the most of our time together.

I am not a fortune teller or psychic who can predict the future. No one knows what the future holds. But, through our therapeutic work together, it is my sincere hope that you will feel ready and able to face whatever the future may bring.

I am not perfect. I am human being, just like you, with flaws. I don't claim to have everything figured out. Along the same lines, I do not claim to have a "cure" for whatever you may be facing in your life. I would urge you to be very suspicious of anyone who offers such a "cure." What I do provide is the willingness to sit with you, without judgment, and truly listen to everything you are willing to share. Using my knowledge, training, and expertise, I will work together with you to help you through your struggles, make positive changes, and achieve your goals.

I am not a medical doctor or psychiatrist. Therefore, if through our work together we determine that medication may be helpful, I will refer you to another provider for that service. I am a Licensed Clinical Social Worker (LCSW) in Illinois and have a Masters of Social Work (MSW) from the University of Illinois-Chicago Jane Addams College of Social Work. I also have a law degree (JD) from the University of Illinois College of Law. I feel that this somewhat uncommon background allows me to bring a unique set of personal experiences and perspectives to my work as a therapist.

What to Expect From Therapy (Risks and Benefits)

As with any powerful treatment, there are some risks as well as many benefits with therapy. For example, there is a risk that clients will, for a time, have uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, loneliness, or helplessness. It is likely that these are feelings you have always had but found some way to avoid, and when you first begin to acknowledge them, it can be somewhat painful. Similarly, a client's problems or difficulties may temporarily worsen after beginning treatment. Clients may also recall unpleasant memories, which may be distracting or troublesome. Clients in therapy may have problems with people important to them. Family secrets may be told. Therapy may disrupt a marital relationship and sometimes may even lead to divorce. And, even with our best efforts, there is a risk that therapy may not work out well for you. Most of these risks are to be expected when people are making important changes in their lives.

While you consider these risks, you should also know that the benefits of therapy have been shown in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have the chance to talk things out fully. 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- in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress. Also, as a responsible person and ethical therapist, I will not continue to treat a client when, despite our best attempts, the treatment does not seem to be working. If at any time either of us believes that therapy is not going well, I may suggest you see another therapist or professional and offer a referral.

Confidentiality

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you are kept private. That is why I ask you to sign an Authorization to release records form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me.

In all but a few rare situations, your confidentiality (that is, our privacy) is protected by federal and state laws and by the rules of my profession. Here are the most common cases in which confidentiality is **NOT** protected:

1. If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable with telling.

2. 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. Please consult with your lawyer about these issues.

3. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about the threats you make.

4. If I have reasonable cause to believe that a child or an elderly person has been or will be abused or neglected, I am legally required to report this to the authorities.

There are also two situations in which I might talk about part of your case with another therapist. First, when I am away from the office for an extended period of time, I may have a trusted fellow therapist “cover” for me. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality.

Second, I sometimes consult other therapists or other professionals about my clients. This helps me to provide the highest quality treatment possible. These persons are also required to keep your information private. Your name will not be given to them, some information will be changed or omitted, and they will be told only as much as they need to know to understand your situation.

Additionally, it may be beneficial for me to confer with your primary care physician or other health care professionals with regard to your treatment or to discuss any medical problems for which you are receiving treatment. I will always obtain a release from and discuss this with you before doing so.

Our Relationship

As a professional, I use my best knowledge and skills to help you. This includes following the standards of the National Association of Social Workers, or NASW. In your best interests, the NASW puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so that you will not think they are personal responses to you.

As mentioned above, I keep what you tell me and the fact that you are a client confidential. If we meet on the street or socially, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

Additionally, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend to or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I cannot have a business relationship with any of my clients, other than the therapy relationship. Even though you might invite me, I cannot attend your family gatherings, such as parties or weddings. I will not celebrate holidays or give you gifts, nor can I accept gifts from you. Please understand that none of this is personal, but rather is my strong commitment to professionalism and adherence to the ethical principles governing social workers.

Fees, Payments, and Billing

My current fees for individual therapy are as follows:

Initial Evaluation (1 1/2 hours)	\$150
30 minute session	\$50
45 minute session	\$75
60 minute session	\$100
Telephone consultations (with client or other professionals)	prorated portion of regular hourly rate

You will be given advance notice if my fees should change in the future.

You are responsible for payment, in full, for all services at the time they are rendered. Payment can be made in the form of cash, check, or credit card (Visa, Master Card, American Express, or Discover). I expect payment to be made at the end of each session, and therefore do not usually send bills. However, if for any reason you have an unpaid balance, and such balance reaches \$300.00, I will notify you by mail. If the balance then remains unpaid, I must stop providing therapy to you. Fees that remain unpaid, despite these efforts to collect them, will be turned over to a collection service.

If you have health insurance, it will be up to you to decide whether or not to submit your claims for reimbursement. Before making this decision, it is important to understand that insurance companies require a psychiatric diagnosis, and will reimburse only for treatment deemed by them to be "medically necessary." This diagnosis becomes part of your permanent health record, and could have an impact on various aspects of your life in the future (i.e., if you apply for private life/health/disability insurance).

With that in mind, services may be covered in part or in full by your health insurance or employee benefit plan. Better Days Therapeutic Services and Amy Carnow will be considered "out-of-network providers." Coverage availability and limits will depend on your specific plan and contract with your insurer. Listed below are some questions that may be helpful when contacting your insurance provider(s) for information regarding your coverage:

- Do I have mental health insurance benefits?
- What is my deductible and has it been met?
- How many sessions per year does my health insurance cover?
- What is the coverage amount per therapy session?
- Is approval required from my primary care physician?

If you decide to request reimbursement from your insurer, we will provide you with the necessary paperwork for you to submit to your insurance provider.

Appointments

The very first time I meet with you, we will need additional time to complete paperwork and complete a full assessment. For this reason, I usually schedule 1 ½ hours for this first meeting. Following this, we will usually meet once or twice per week for 45 minutes or one hour, then less often. We will determine how often to meet and the length of each session during our first meeting.

Once we have established a regular appointment time, I will reserve that time for you. I also do this for my other clients. Therefore, I am rarely able to fill a cancelled session unless I have sufficient notice. Please call our office, 224-544-9218, to cancel a scheduled appointment at least 24 hours in advance. If you have not called to cancel and you fail to show for the appointment, you will be charged the full fee.

Emergencies

While I make every attempt to be available to my clients, I cannot promise that I will be reachable at all times. If you need to talk with me, please leave a voicemail at our office number, 224-544-9218. I make every effort to return messages promptly. If you have an emergency or crisis, please try to contact me first. However, if I do not call you back within 15 minutes, call your own medical doctor, 911, or go to the nearest emergency room.

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and the rules of my profession to contact someone close to you- perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. I will ask you to provide the necessary contact information for this person on a separate form, the "Emergency Contact Form," which we will complete during our first meeting.

Electronic Communications and Social Networking

I value the importance of confidentiality in our relationship. Therefore, I will not address any substantive issues via email or text, as the confidentiality of such mediums cannot always be guaranteed. The best way to get in touch with me about anything is by phone at 224-544-9218. If I do not answer when you call, leave a message and I will contact you as soon as I am able to do so.

The Better Days Therapeutic Services Facebook page is www.facebook.com/betterdaysbestlife. Keeping in mind all aspects of confidentiality, it is up to you if you want to "like" the page. It is my policy not to accept friend requests to my personal Facebook profile from clients in an effort to maintain appropriate boundaries in the client-therapist relationship. Please do not take this personally.

Closing Thoughts

I truly appreciate the chance you have given me to be of professional service to you. Deciding to begin (or return to) therapy is a big step. I am honored that you have selected me to help you on this journey and I look forward to our work together.

Emergency Contact Form

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and the rules of my profession to contact someone close to you- perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. Please write down the name and information of your chosen contact person in the blanks provided:

Name: _____

Address: _____

Phone: Home: _____ Cell: _____

Work: _____ Other: _____

Relationship to you: _____

Signature of client

Date

Printed name

Signature of Parent/Guardian (if client is a minor)

Date

Printed name

Relationship to client

Signature of therapist

Date

Notice of Privacy Practices
Receipt and Acknowledgment of Notice

Client Name: _____

DOB: _____

SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Better Days Therapeutic Services' Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Amy Carnow at 224-544-9218.

Signature of Client Date

Signature or Parent, Guardian or Personal Representative * Date

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Client Refuses to Acknowledge Receipt:

Signature of Staff Member Date

Financial Information Form

A. Client's name: _____ Date of Birth: _____ Soc. Sec. #: _____

Address: _____

Phone: Home: _____ Cell: _____ Work: _____ Other: _____

If Client is a minor, Parents/Guardians:

Name: _____ Date of Birth: _____ Soc. Sec. #: _____

Address: _____

Phone: Home: _____ Cell: _____ Work: _____ Other: _____

Name: _____ Date of Birth: _____ Soc. Sec. #: _____

Address: _____

Phone: Home: _____ Cell: _____ Work: _____ Other: _____

B. Do you intend to submit your invoices to your health insurance provider for reimbursement? Yes No

*****If yes, understand that you are responsible for all charges at the time of service, regardless of coverage.*****

C. Credit Card Information

Type of Card (circle): Visa Master Card American Express Discover

Name (exactly as it appears on card): _____

Credit Card Number: _____

Expiration Date: _____ CVV code: _____

Billing Zip Code: _____

I understand that payment is to be made in full at the time services are rendered. In the event I do not pay for services at the time they are rendered, I authorize Better Days Therapeutic Services to charge the above credit card in the amount of any outstanding balance.

Signature: _____ Date: _____

Printed Name: _____

Checklist of Concerns

Name: _____ Date: _____

Please mark all of the items below that apply, and feel free to add any others at the bottom under "Any other concerns or issues." You may add a note or details in the space next to the concerns checked.

- Abuse—physical, sexual, emotional, neglect (of children or elderly persons), cruelty to animals
- Aggression, violence
- Alcohol use
- Anger, hostility, arguing, irritability
- Anxiety, nervousness
- Attention, concentration, distractibility
- Career concerns, goals, and choices
- Childhood issues (your own childhood)
- Codependence
- Confusion
- Compulsions
- Custody of children
- Decision making, indecision, mixed feelings, putting off decisions
- Delusions (false ideas)
- Dependence
- Depression, low mood, sadness, crying
- Divorce, separation
- Drug use—prescription medications, over-the-counter medications, street drugs
- Eating problems—overeating, undereating, appetite, vomiting
- Emptiness
- Failure
- Fatigue, tiredness, low energy
- Fears, phobias
- Financial or money troubles, debt, impulsive spending, low income
- Friendships
- Gambling
- Grieving, mourning, deaths, losses, divorce
- Guilt
- Headaches, other kinds of pains
- Health, illness, medical concerns, physical problems
- Housework/chores—quality, schedules, sharing duties
- Inferiority feelings
- Interpersonal conflicts
- Impulsiveness, loss of control, outbursts
- Irresponsibility
- Judgment problems, risk-taking

- Legal matters, charges, suits
 - Loneliness
 - Marital conflict, distance/coldness, infidelity/affairs, remarriage, different expectations, disappointments
 - Memory problems
 - Menstrual problems, PMS, menopause
 - Mood swings
 - Motivation, laziness
 - Nervousness, tension
 - Obsessions, compulsions (thoughts or actions that repeat themselves)
 - Oversensitivity to rejection
 - Pain, chronic
 - Panic or anxiety attacks
 - Parenting, child management, single parenthood
 - Perfectionism
 - Pessimism
 - Procrastination, work inhibitions, laziness
 - Relationship problems (with friends, with relatives, or at work)
 - School problems
 - Self-centeredness
 - Self-esteem
 - Self-neglect, poor self-care
 - Sexual issues, dysfunctions, conflicts, desire differences, other
 - Shyness, oversensitivity to criticism
 - Sleep problems—too much, too little, insomnia, nightmares
 - Smoking and tobacco use
 - Spiritual, religious, moral, ethical issues
 - Stress, relaxation, stress management, stress disorders, tension
 - Suspiciousness, distrust
 - Suicidal thoughts
 - Temper problems, self-control, low frustration tolerance
 - Thought disorganization and confusion
 - Threats, violence
 - Weight and diet issues
 - Withdrawal, isolating
 - Work problems, employment, workaholism/overworking, can't keep a job, dissatisfaction, ambition
 - Other concerns or issues: _____
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*****Please look back over the concerns you have checked off and circle the one that you most want help with.*****

This is a strictly confidential client medical record. Rediscovery or transfer is expressly prohibited by law.