

**Jeremy B. Hisaw, LCSW**  
**2650 West Montrose Avenue, Suite 306**  
**Chicago, IL 60618**  
**773.403.0473**  
**contact@jeremybhisaw.com**

**Confidentiality and Emergency Situations**

Your verbal communication and clinical records are strictly confidential except in the following situations.

- A) Information regarding physical abuse, sexual abuse, or neglect that is reported in session. Under these circumstances, I am mandated by Illinois state law to report this information to the Department of Child and Family Services or the Illinois Department on Aging.
- B) Information that informs me that you are going to harm yourself or someone else.
- C) Information shared with your insurance company to verify benefits or process claims.
- D) Information discussed with other mental health professionals as part of a clinical consultation. These mental health practitioners observe the same policies for confidentiality.

If an emergency arises that warrants immediate attention, it is understood that you or your guardian should contact the emergency services within your community. I will provide the necessary therapeutic services and support following such emergency services/action.

**Financial and Insurance Issues**

The fee for each therapy session is \$130.00. The actual cost of each session may vary if you are utilizing your insurance benefits. In the event that you have not met your deductible, the full fee is due at the time of each session until the deductible has been met. As a courtesy, I will submit claims to your insurance company or the responsible party. Co-pays are due at the time of each session. **You will be charged for appointments cancelled or rescheduled with less than 24 hours notice.** If the insurance company denies payment or does not cover the services rendered, you are responsible for the payment. Any unpaid balances and overdue accounts will be turned over to a collection agency.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date