

Hawthorn Counseling Group

977 Lakeview Parkway, Suite 102, Vernon Hills, IL 60061

(847) 680-0755



fax: (847) 573-1617

www.hawthorncounseling.com

AGREEMENT TO ENGAGE A COLLABORATIVE DIVORCE COACH / CHILD SPECIALIST

We are pleased that you have contacted Hawthorn Counseling Group (HCG) to assist you in providing services to support you or your children during your collaborative divorce process. The following information is provided to ensure that all parties understand the collaborative divorce process, and to maximize the likelihood of a positive and successful experience.

For the purposes of this agreement “coach” or “child specialist” refers to the Hawthorn Counseling Group (HCG) professional who is being retained to provide professional services to your collaborative divorce proceedings. . “Parties” refers to the clients—the participants in the collaborative divorce—who wish to retain services from Hawthorn Counseling Group. References to members of the “collaborative divorce team” refer to the attorneys representing both parties, the financial neutral and other professionals serving as team members for the collaborative divorce.

In the event that HCG is providing collaborative divorce coaching services to one party in the divorce proceeding we ask that you review the information contained in this agreement and indicate their individual understanding and agreement by signing below. If HCG is providing professional services to both parties (a one-coach model) we ask that both parties independently review the information contained in this agreement and indicate their individual understanding and agreement by signing below. Both parties will sign a separate agreement document. Should you have any questions in need of attention prior to signing your agreement, please bring those up with your HCG clinician.

I _____, request that Hawthorn Counseling Group provide services to me as a Collaborative Divorce Coach and/or Child Specialist.

Role of Coach and/or Child Specialist in the Collaborative Divorce Process

I understand that a *collaborative divorce coach* is not providing psychotherapy. Instead, the coach functions as a short-term, time-limited source of education, emotional support, and guidance through the divorce process. The coach facilitates communication between the parties engaged in

Hawthorn Counseling Group is a registered dba in the State of Illinois for John D. Jochem, Psy.D., P.C.

the collaborative divorce process and other members of the collaborative divorce team. The coach provides assistance to identify and prioritize concerns and issues, reduces misunderstanding and conflict, seeks to facilitate problem-solving and effective resolution of the issues and helps develop an appropriate parenting plan and effective co-parenting skills.

With respect to the *childe specialist* role, I understand that a child specialist is not providing psychotherapy. Instead, the child specialist meets with both parents and the children to collect information and will use experience and knowledge about children, child development and strategies which have been shown to promote a healthy adjustment to divorce in order to provide information to the parents and collaborative team to help them develop an effective parenting and co-parenting plan. The child specialist will also provide the children an opportunity to voice concerns regarding the divorce and provide the parents with information and guidance to help the children through this life transition.

I understand that whether functioning in the role of coach or child specialist in the collaborative divorce process, no legal advice will be provided by a Hawthorn Counseling Group clinician to either party engaged in the collaborative divorce process.

Communications and Confidentiality

While the role of the coach or child specialist is different from the role of psychotherapist, I understand that each is a mental health professional licensed for independent practice. Communication (written or verbal) is protected by the applicable statutes governing such practice. Communications and the information gathered in the course of this collaborative law case is confidential and will only be released in this collaborative case, in accordance with the following, which will also be authorized by completion of separate information consent forms.

The coach or child specialist:

- May speak to and exchange information with any of the professionals involved in my collaborative divorce case, including both parties' attorneys, the other coach or child specialist, financial professionals, case manager, and with the other party. Please note that email communications are often copied with other members of the collaborative divorce team, including both parties seeking the collaborative divorce.

- May speak to and exchange information with collateral contacts that I specifically authorize in a separate written confidentiality waiver, when necessary to effectively provide service.

The parties should understand there are exceptions to confidentiality. They include but are not limited to the following circumstances:

1. If the coach/child specialist becomes aware of or is concerned about the threat of “serious imminent harm” to anyone inside or outside the collaborative divorce process, the coach/child specialist may report that information to the proper authorities and/or take steps to prevent such actions.
2. If the coach/child specialist becomes aware of suspected child abuse or elder abuse, the coach/child specialist has a professional mandatory reporting responsibility to report specific information to authorities/agencies designated under state law.

Voluntary Process

I understand that collaborative divorce is a voluntary process; that my commitment to the collaborative process is essential to its success. I agree to act in good faith throughout the process.

Termination of Coaching or Child Specialist Services

Either party may decline to continue the collaborative process at any time. In that event, the party agrees to immediately inform the other party, both coaches, child specialist, and both attorneys, in writing.

The coach or child specialist may also withdraw from the case if either party engages in conduct contrary to the collaborative divorce process. In the event of termination, appropriate referrals will be made to facilitate your transition out of the collaborative process.

If either party withdraws from the collaborative divorce process, all information either verbal or written (including notes, correspondence or other written materials in the file) of all collaborative team meetings and communication with and/or between any member of the collaborative team/parties/children/or others, will remain confidential and may not be used in any subsequent legal proceeding or custody evaluation.

If the collaborative divorce process ends before resolution and the parties elect to go to court, neither the coach nor child specialist will be available to either party as a therapist or as an expert regarding child custody issues. The coach or child specialist will not be called upon to reveal or release such information and will not be called upon to testify regarding this collaborative divorce case in any legal proceeding.

Fees & Billing

HCG requires a retainer of \$2,000 for collaborative divorce coaching and/or child specialist services, which will be billed at rates shown on the HCG fee schedule in effect at the time of services.

The retainer will be applied towards direct sessions, meeting with the collaborative divorce team, telephone conferences with the parties or other members of the collaborative divorce team, case management services, drafting documents, door-to-door travel from the offices of Hawthorn Counseling Group or other relevant services needed in this collaborative divorce case. To facilitate continuity of service a new retainer will be requested when the previous retainer is depleted. HCG will provide an itemized statement(s) of all services rendered and will refund any unused portion of the retainer.

To avoid charges, appointment cancellations must be made at least 24 hours (1 business day) in advance. Appointments canceled less than 24 hours in advance, or failure to keep a scheduled a scheduled appointment, will result in being charged a full fee.

I have read and fully understand all the information contained in this document, and agree to its terms.

PARTY:

(Print Name)

(Signature)

(Date)



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REGISTRATION INFORMATION

We ask that both parties to the collaborative divorce process independently provide the following information.

<i>CLIENT INFORMATION—please provide the name of the coaching client or, in the case of child specialist services, the name of the child/children for whom services are being provided</i>					
Last Name	First Name	MI	Date of Birth / /	Age	Sex
Address		Apt. #	City	State	Zip
Home Phone	Work Phone		Cell Phone		
If contact by email for scheduling, billing or other matters is convenient, please provide email address:					
<i>GUARANTOR—applicable only in child specialist arrangements—please provide the names of both parents</i>					
Last Name	First Name	MI	Date of Birth / /	Age	Sex
Address		Apt. #	City	State	Zip
Home Phone	Work Phone		Cell Phone		
If contact by email for scheduling, billing or other matters is convenient, please provide email address:					



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RIGHTS & RESPONSIBILITIES

The information below is regularly provided to psychotherapy patients seeking services with Hawthorn Counseling Group. Generally, the provisions outlined below also apply to collaborative divorce coach and/or child specialist clients and is provided here for your review.

As a Consumer of Healthcare Services, Your Rights Include The Following

- ✓ To individualized service, to participate in treatment planning and to see your clinical record.
- ✓ To be advised at the time that treatment is initiated of the cost of the services to be provided.
- ✓ To know the professional status, licensure, training and experience of the staff members responsible for your treatment.
- ✓ To confidentiality of all records and communications, within the extent prescribed by law (see below), including the confidential handling of personal and medical records and to approve or refuse the release of records to any individual outside Hawthorn Counseling Group (HCG).
- ✓ Upon request, to know the risks, side effects, benefits and/or experimental nature of all treatment procedures and to be advised of known alternate treatment procedures available, their indications and foreseeable outcome.
- ✓ Upon request, to a clear and concise explanation of the proposed treatment and procedures, the goals of treatment and anticipated outcome of treatment.
- ✓ To refuse treatment. Should you choose to refuse recommended treatment, you shall be provided, upon request, a clear description of anticipated consequences of the decision to refuse treatment to the extent these consequences are foreseeable.
- ✓ To request the opinion of a consultant at personal expense and to request a review of your treatment plan.

As a Consumer of Healthcare Services, Your Responsibilities Include The Following

Missed appointments & late cancellation policy

You are responsible for scheduling and keeping appointments with the treating clinician. HCG requires notice by telephone no later than 24 hours in advance of a scheduled appointment (or for Monday appointments and Tuesday appointments which follow holiday weekends, no later than 5:00pm on the preceding Friday afternoon). It is sufficient to leave a voicemail message for your specific clinician when calling to cancel a scheduled appointment. Please note that patients are responsible for payment of the full usual & customary fee, per the HCG fee schedule in effect at the time the appointment was scheduled, for a failed appointment or late cancellation. Please note, too, that your insurance company will not be billed for the late cancellation or failed appointment. *Other than circumstances such as sudden illness, family emergency or severe inclement weather, we are unable to make exceptions to this policy.*

Fees

Fees are discussed and set at the time of the initial appointment, based upon the HCG fee schedule in effect at the time of service delivery, which is available for review upon request. Expected fees for some services are shown on the *Consent for Treatment* form. Payment arrangements are detailed on the *Payment Agreement* form. Collections procedures for HCG are described in policy, which is available for review upon request

Information Concerning Confidentiality

As a recipient of psychological services through HCG, your treatment is confidential within the limits prescribed by law. In general, no information about you or your treatment will be released to anyone without your written permission. However, relevant laws require that your therapist contact others about your safety if you present a danger to yourself and/or others, or if your therapist learns of child abuse/neglect or, under certain circumstances, if so ordered by a court. In addition, your therapist may consult with a clinical supervisor, or other qualified clinician, without your consent to improve the quality of care provided. If the recipient of services is under 12 years of age, your therapist may discuss the treatment with the recipient's parent or legal guardian without consent. If the recipient is 12 through 17 years of age, the therapist may discuss the treatment with a parent or legal guardian when the recipient is informed and does not object to sharing information with his/her parent or guardian, or if the therapist does not feel there are compelling reasons not to disclose information with the parent or guardian. Information may also be disclosed to the guardian of a recipient who is 18 years or older. Information may also be disclosed to outside agencies & organizations to support collections and billing procedures. Otherwise, except as provided by law, no information may be disclosed without the written consent of a recipient who is 18 years or older. Further information on confidentiality is provided in the related Privacy Notice, provided at time of intake.



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Hawthorn Counseling Group Fee Schedule

	Licensed Clinical Social Worker	Licensed Clinical Psychologist
Psychotherapy Services		
90791, Diagnostic Evaluation / initial consultation (60 min)	\$160.00	\$220.00
90832, Psychotherapy with patient and/or family member (30 min)	\$80.00	\$110.00
90834, Psychotherapy with patient and/or family member (45 min)	\$120.00	\$165.00
90837, Psychotherapy with patient and/or family member (60 min)	\$160.00	\$220.00
90847, Family/conjoint psychotherapy w/ patient present (45 min)	\$120.00	\$165.00
90846, Family/conjoint psychotherapy w/out patient pres (45 min)	\$120.00	\$165.00
Scheduled telephonic consultation (45 min)	\$120.00	\$165.00
Evaluation Services		
Fitness-for-duty evaluation <ul style="list-style-type: none"> ▪ 2 units 90899—unlisted procedure/service ▪ 1 unit 90889—document preparation 	N/A	(Services provided may vary with circumstances) Est total: \$385.00
School fitness evaluation <ul style="list-style-type: none"> ▪ 2 units 90899—unlisted procedure/service ▪ 1 unit 90889—document preparation 	N/A	(Services provided may vary with circumstances) Est total: \$385.00
Bariatric surgery evaluation <ul style="list-style-type: none"> ▪ 2 units 90899—unlisted procedure/service ▪ 4 units 90889—document preparation 	N/A	(Services provided may vary with circumstances) Est total: \$550.00
96101. Psychological testing <ul style="list-style-type: none"> ▪ MMPI / MMPI-A administration & interpretation 	N/A	\$150.00
90889, Document preparation / report writing (15 min)	\$40.00	\$55.00
90899, Unlisted procedure or service (45 min)	\$120.00	\$165.00
99362—Staffing/meeting attendance (60 min)	\$160.00	\$220.00
Collaborative Divorce, Parent Coordination & Medication Services		
Collaborative divorce services <ul style="list-style-type: none"> ▪ Coaching and/or child specialist services (60 min) ▪ Team meeting attendance (60 min) ▪ Report preparation (per 15 min) ▪ Travel, RT, door-to-door (per 15 min) ▪ Telephonic conferences (per 15 min) 	\$160.00 \$160.00 \$40.00 \$40.00 \$40.00	\$220.00 \$220.00 \$55.00 \$55.00 \$55.00
Parent coordination services <ul style="list-style-type: none"> ▪ Evaluation & parent coordination sessions (60 min) ▪ Report preparation (per 15 min) ▪ Travel, RT, door-to-door (per 15 min) ▪ Telephonic conference (per 15 min) 	\$160.00 \$40.00 \$40.00 \$40.00	\$220.00 \$55.00 \$55.00 \$55.00
Mediation services <ul style="list-style-type: none"> ▪ Mediation services (60 min) ▪ Report preparation (per 15 min) ▪ Travel, RT, door-to-door (per 15 min) ▪ Telephonic conference (per 15 min) 	\$160.00 \$40.00 \$40.00 \$40.00	\$220.00 \$55.00 \$55.00 \$55.00

The above CPT codes are based upon guidelines developed by the American Medical Association. Fees shown represent usual & customary rates for Hawthorn Counseling Group (HCG) services. Effective January 1, 2014



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PAYMENT AGREEMENT

In consideration of the services to be rendered by the clinicians of Hawthorn Counseling Group (HCG), the undersigned agrees, as client or guarantor for client, to pay HCG for all services provided to the patient, at the established rates listed in the HCG fee schedule in effect at the time services are received. I certify that the information given by me to HCG for purposes of payment is, to the best of my knowledge, complete and accurate. I will make arrangements for prompt and regular payment of fees to HCG for services. I understand that payment is due either in-full or in-part at the time services are provided, as arranged when services are initiated. I grant permission to HCG to utilize my credit card account or retainer for payment of any unpaid balances 30 days or more past due, including failed appointment & late cancellation charges. Credit card charges will show on billing statements as "Hawthorn Counseling Group".

Payment for Collaborative Divorce Coaching or Child Specialist Services

1 I will provide payment in advance of receiving services in the form of a retainer. The minimum initial retainer is \$2,200 and I understand that this initial amount may need to be replenished over the course of my collaborative divorce case. Billing to my retainer will be in accordance with the established rates listed in the HCG fee schedule in effect at the time services are received, as stipulated in my signed *Agreement to Retain a Collaborative Divorce Coach/Child Specialist*. Any unused balance will be refunded to me at the conclusion of services.

2 CHECK ONE BOX BELOW:

- I wish to pay by check. Checks may be made payable to *Hawthorn Counseling Group*. Additionally, I will provide credit card billing information below and I authorize use of this information by HCG for payment of any unpaid balances which may accrue as well as failed appointment and late cancellation charges.
- I wish to pay by credit card and have completed billing information below. I authorize use of this information by HCG for payment of any unpaid balances which may accrue as well as failed appointment and late cancellation charges.

All clients are asked to provide credit card billing information below:

TYPE OF CREDIT CARD: VISA M/C DEBIT CARD

NAME OF CARD HOLDER:

PRINT

ACCOUNT NUMBER:

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EXPIRATION DATE:

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AGREEMENT AND AUTHORIZING SIGNATURE:

X

Patient Parent/Guardian

Date