

Welcome to Mie Tamura Counseling LLC.

Mie Tamura LCPC, ATR is committed to strengthening and healing families from all walks of life through clinical service and education. Mie Tamura's hours are by appointment only.

TERMS OF AGREEMENT:

1. CONFIDENTIALITY AND EMERGENCY SITUATIONS:

Your verbal communication and clinical records are strictly confidential except for: a) information (diagnosis and dates of service) shared with your insurance company to process your claims, b) information you and/or you child or children report about physical, sexual abuse or elder abuse; then, by IL State Law, I am obligated to report this to the Department of Children and Family Services, c) where you sign a release of information to have specific information shared and d) if you provide information that informs me that you are in danger of harming yourself or others e) information necessary for case supervision or consultation and f) or when required by law. If an emergency situation for which the client or their guardian feels immediate attention is necessary, and you need to talk to someone right away, dial 911 or go to your nearest Emergency Room. Mie Tamura will follow those emergency services with standard counseling and support to the client or the client's family. E-mail, text messages and social networking sites are not confidential and I may not be able to respond.

Signature(s)_____ **Date:**_____

2. SERVICES:

May include but are not limited to family, couple, individual, and group therapy school consultation, psychiatric consultation, evaluation, and treatment as well as other diagnostic services as recommended by the clinician. Services may also include the participation of parents/guardians and other significant family members, when appropriate. You or I as a therapist may suggest other kinds of services (non-direct) outside the scope of normal therapy that would be billable separately such as school visits, phone consultations, writing or reviewing letters, reports, etc. Recommendations for treatment are first discussed with and approved by the client. Although other treatment approaches are used depending on the person or condition. Treatment practices, philosophy and plan imitations and risks will be discussed with you today. Treatment length will be evaluated based on progress towards mutually agreed upon goals for therapy. Modalities may or may not include EMDR, , mindfulness and body-mind psychotherapy, art therapy, play therapy and integration of several as agreed upon.

Signature(s)_____ **Date**_____

3. CONSENT FOR TREATMENT OF CHILDREN OR ADOLESCENTS:

I/We consent that _____ maybe treated as a client by Mie Tamura It is understood that children over the age of 12 have confidentiality protected by law. At times it may be necessary to schedule appointments during school hours. We ask for your cooperation to provide the most timely treatment for you and your children. This consent to treat expires at the end of treatment or if revoked in writing. As a guarantor, I am accepting financial responsibility for services received.

Full Legal Name of Guarantor

Signature(s)_____ **Date**_____

4. APPOINTMENT CANCELLATION POLICY:

Charges will apply for appointments canceled or changed with less than 24 hours notice. Extenuating circumstances are considered when appropriate. Insurance benefits do NOT cover cancellation charges.

Signature(s)_____ **Date**_____

5. FEES & INSURANCE:

Clients are expected to pay all fees and co-payments at the time of service. If clients choose to submit bills to insurance, clients are responsible for contacting their insurance companies and understanding their insurance benefits. When possible, charges will be submitted electronically. Charges for services not covered by insurance are the clients' responsibility. If insurance changes during the course of therapy, clients should notify Mie Tamura immediately to ensure continued coverage of services.

Signature(s)_____ **Date**_____