

2026 Practice Policies

Uniquely You Behavioral Health

400 E. Lincoln Hwy, Suite 102 New Lenox, IL 60451

PRACTICE POLICIES

Cancellations & No Shows

The client is expected to attend each scheduled session on time. A cancelled or delayed appointment delays our work and can negatively impact other clients. Since appointments involve the reservation of time specifically for the client, and out of respect for the therapist and our other clients, a minimum of 24 hours' notice is required for rescheduling or canceling an appointment. We appreciate more than 24-hour notice when possible, as we can then make that time available to other clients. Therefore, if you should know before the required 24-hour notice that you will not be able to attend our session, please call the office or send your therapist or our admin an email. When a session is cancelled without adequate notice, we are unable to fill this time slot by offering it to another current client, a client on the wait list, or a client with a clinical emergency.

No-Show Fees: Anytime you fail to attend a scheduled appointment without giving appropriate prior notice of cancellation, you will be charged \$110 for the no show session. The credit card information or other payment information you previously provided will be used to process this payment. By booking an appointment, you consent to this policy. Multiple (more than 2) no-shows will result in the termination of therapy no exceptions.

Late Cancellation Fees: Any session that is missed by canceling less than 24 hours in advance will be charged a \$110 fee. You will be charged the late cancellation fee even if the session is rescheduled. The credit card information you previously provided will be used to process this payment. By booking an appointment, you consent to this policy. Repeated late cancellations (more than two) may result in the termination of therapy. Multiple no-shows will result in the termination of therapy.

You should note that insurance companies generally do not reimburse for missed appointments.

When the fee is waived

The only exception to this cancellation policy is in the event of a serious or contagious illness or emergency. We offer one grace for these purposes. Work issues do not constitute emergencies. This cancellation policy also applies even if missing the appointment was an unintentional act. In the event of prohibitive weather, or illness with the client or within the household, we can conduct the session via video (telehealth counseling).

How 24-hour notice works

A fee of \$110 will be charged when you miss or cancel an appointment without giving 24 hours advanced notice. This means that if an appointment is scheduled for 3:00 pm on a Tuesday, notice must be given by 3:00 pm on Monday at the absolute latest. You can cancel your appointment by calling the office, sending your therapist or our admin an email or by logging into your client portal.

Wait Time/ Grace Period

Your wait time is kept to a minimum. Due to the length of time provided for each appointment, it is critical that you arrive on time for your appointments. If you are more than 10 minutes late to your appointment, we will have no choice but to reschedule your appointment and you will be responsible for the \$110 fee of a no show. To avoid paying no show fees, we require at least twenty-four (24) hours' notice for all cancellations (as described above). Both therapist and client have a grace period of 10 minutes.

When payment is due

All payments are made through the Simple Practice portal. At the time of intake you are sent a credit card authorization form and a credit card information form. When putting this card on file you understand that on a weekly basis (typically Tuesdays but subject to change based on staff schedule and holidays) the card on file will be run for the full amount due unless a payment plan has previously been put in place and is active on file.

Additionally, please understand that therapy should be viewed as any other important medical appointment would be viewed. While it is a time commitment, this is for your personal betterment and consistency is key in order to achieve this. If the therapeutic relationship is terminated pursuant to this policy, your case may be reopened at any time should you so choose. However, you may be placed on a waiting list if there are other clients waiting to use your time slot. This is standard practice with most therapy agencies and private practice offices.

Charges/Fees & Payments

Payment is due at the time of service but Uniquely You Behavioral Health provides the services on maintaining a card on file for services to be paid. You are required to hold a credit card, debit card or HSA card on file to cover all payments not covered by insurance. These charges typically take place via the online system on Tuesdays but may change based on staff schedules or holidays. In the event that a scheduled appointment time is missed or cancelled less than 24 hours in advanced, please refer to the "Appointments and Cancellations" policy above.

It is important to understand that ANY charges not covered by your insurance company are your responsibility. By agreeing to engage in services with any staff at Uniquely You Behavioral Health you accept any and all financial responsibility. It is important to know that insurance companies are able to "clawback" any services paid and this will become your responsibility if that is the case. Insurance companies are able to do this in excess of 5 years past the date of service.

to do so may result in the postponement or cancellation of the scheduled services.

Any services not paid for by the insurance company are the responsibility of the client or their representative. After proper attempts have been made balances surpassing \$100 and more than 180 days past due will be sent to collections. By signing this document and engaging in services with Uniquely You Behavioral Health you are agreeing that even if using insurance in the event that your insurance company 'clawback' or does not cover services for any reason you and you alone are wholly responsible for the charges and understand that if not paid within 180 days of the date of service the invoice via your client portal you will be sent to collections.

Interest on Overdue Balances We reserve the right to charge interest on any outstanding client balance that remains unpaid after 30 days. The applicable interest rate will be calculated at the current prime rate plus 1% per annum, applied monthly to the unpaid balance until payment is received in full.

The clinician reserves the right to terminate the counseling relationship if more than 2 sessions are missed without proper notification.

The clinician charges their hourly rate in quarter hours for phone calls over 10 minutes in length, email correspondence, reading assessments or evaluations, writing assessments or letters, and collaborating with necessary professionals (with your permission) for continuity of care. All costs for services outside of the session will be billed to the individual.

Individual Sessions: The fee for each therapy session ranges from \$200 to \$300 (depending on the therapist speciality) or your insurance company will cover services minus your copay.

Group Sessions: Due to the nature of the groups that Uniquely You Behavioral Health conducts they often will not be billable to insurance. If you choose to engage in groups at UYBH you will be informed if the group is not an insurance covered service.

Neurofeedback: Is not an insurance covered service. Neurofeedback is conducted by trained staff and is at the rate of \$100 per session.

ADHD & Sensory Profile Testing: 60 Minutes at \$300 - 45 minutes of testing; 15 minutes of results review

In-home/on-site therapy services offer people comfort and flexibility. They are offered at a regular hourly rate. Cost for travel is based on the regular hourly rate and is determined by the time it takes to travel from the office to the client's home or the requested place of session and return trip. Time is configured by tracking and logging actual time via internet sites such as Google, Bing, Mapquest, etc. to determine travel time. This cost is not covered by insurance companies and is the sole responsibility of the client if they elect to have services in home.

IEP/504 Meetings: The fee for staff to attend IEP or 504 meetings is \$150 per hour plus travel. Select trained staff are able to support clients within school meetings the cost for these services are not covered by insurance companies and are the sole responsibility of the client if they elect to have staff attend.

Family Support Sessions: Fees for family support sessions range from \$125 to \$200. Family support sessions are a critical part of child therapy and can be very beneficial part of adult therapy. These sessions provide parents with psychoeducation regarding the therapeutic approach as well as specific information on how to support their family member. The code billed to insurance for these sessions is 90846. It is your responsibility if you are electing to participate in parent support sessions that you know if your insurance company reimburses for this code. If it does not the client/responsible party is responsible for the session fee.

RECORDING POLICY:

In accordance with the laws of the State of Illinois regarding the recording of interactions between parties in a private setting, any recording of sessions or interactions with employees of Uniquely You Behavioral Health PLLC is strictly prohibited. You agree not to record any sessions or interactions with employees of the Uniquely You Behavioral Health PLLC, and acknowledge that recording of private interactions without consent is illegal in the state of IL. Clients who record any part of a session or other interaction with employees of the practice without prior written

consent may be subject to termination as clients of the practice. Furthermore, clients found in violation of this policy are required to promptly delete any recordings obtained without proper authorization and may be subject to legal action if they fail to do so. This policy is implemented to uphold the confidentiality and integrity of therapeutic sessions and to protect the rights and privacy of all parties involved. Your initials indicate receipt and understanding of this recording policy and your agreement to abide by its terms

TRIAL, COURT ORDERED APPEARANCES, LITIGATION: Rarely, but on occasion, a court will order a therapist to testify, be deposed, or appear in court for a matter relating to your treatment or case. In order to protect your confidentiality it is strongly suggested not being involved in the court. If a therapist of Uniquely You Behavioral Health get called into court by you or your attorney, you will be charged \$2,500 per day of court, in addition to \$400 per hour of preparation time (if the clinician is provisionally licensed (not an LCSW or LCPC) you will be required to pay for the hourly rate of their supervisor as well. Treatment Summaries can be provided for \$125.

Medical Records Policy

Our practice is committed to ensuring the timely and secure provision of medical records to our clients and authorized individuals. To facilitate an efficient process, please note the following guidelines:

1. Request Process

Clients or their authorized representatives who wish to obtain medical records must submit a written request to our office. The request must specify the type of records needed and the preferred format (e.g., electronic or paper).

2. Electronic Records

Whenever possible, we will provide medical records electronically through a secure, HIPAA-compliant method. Clients should indicate their preference for receiving records virtually in their request.

3. Preparation and Processing Time

To ensure records are accurate, complete, and meet all necessary privacy regulations, our therapists will spend time preparing the requested documentation. The fee for this service is based on the time spent preparing the records and is billed in 15-minute increments at a rate of \$60 per hour.

Example: If a therapist spends 30 minutes preparing the records, the fee will be \$30.

4. Processing Fees & Payment

Clients will be informed of the estimated preparation time and fees once the request is reviewed. Payment is required before the records are released. Once payment is received, we will provide the records in the agreed-upon format within a reasonable timeframe.

5. Exceptions and Special Circumstances

Under certain circumstances, fees for preparation and processing may be waived or adjusted at the discretion of the practice, particularly in cases of financial hardship or urgent medical need.

6. Compliance and Privacy

Our practice adheres to all state and federal laws governing the release of medical records, ensuring the security and confidentiality of client information at all stages of the process.

Should you request a copy of your medical records, the cost is 1.50 per page. Payment for your medical records will be due prior or upon receipt and can be picked up at the office. Please allow at least 2 weeks to prepare medical records.

Payment and Chargeback Responsibility:

Clients are responsible for any and all chargeback fees or costs associated with disputed credit card transactions. All fees must be paid in full prior to the commencement of any services. Failure

TELEHEALTH SESSIONS

Successful therapy depends on building a relationship of trust, good faith, and openness between client(s) and therapist(s). Often, audio or video recording can inhibit candor and introspection in therapy. Covert recording is a direct violation of trust and good faith to all the other persons in the room.

Therefore, the client signing below agrees that:

1. Recording may only take place with the knowledge and explicit consent of ALL (not just one) clients, therapists, and other persons present during a session or other interaction, whether face-to-face or taking place by live textual, audio, or video link.
2. Consent for each recording must take the form of dated written signatures from all persons on a paper form available for that purpose, with a copy to each person recorded. Additionally the recording itself must include the live consent of all persons present, with such consent stated at the start of the recording or when they join a session or interaction already in progress.

ADDITIONAL IMPORTANT INFORMATION

Please do not leave your children unattended at any time. The staff is not responsible for unattended children in our lobby as staff will be attending to the client in their session. Please clean up after your child if they play with lobby toys. Please keep your children in the lobby and do not allow them to run in the halls of the suite as sessions may be in progress. When able, please be mindful of the volume of your children as some clients may have noise sensitivity, and this could interfere with their ability to engage in services.

PHONE CONTACTS AND EMERGENCIES: Office hours are from Monday - Friday 9 am - 9 pm, Saturday 8 am - 12 pm. If you need to contact the clinician for any reason please call 779-707-3717, leave a voicemail, and a return call will be made within 2 business days. In case of an emergency, you can access emergency assistance by calling the National Suicide Prevention Lifeline at 1-800-273-8255 or the Will County Crisis Line at 815-485-7366. If either you or someone else is in danger of being harmed, dial 911.

Linkage to Services

It is very important to the staff at Uniquely You Behavioral Health that you and your family have all of your needs met. If you are in need of assistance with connecting to additional services, please let your therapist know. Some services staff is able to assist with are: food/LINK cards, PUNS List, IEP/504 assistance, Adult Day Programs, Adult housing programs, SSDI, Living Trusts, Guardianship