



TREATMENT AGREEMENT

Welcome to Tandem Psychology, the private practice of Tyler Fortman, Ph.D. This document contains important information about Dr. Fortman's professional services and business policies. Please read it carefully and ask questions as you need; it will assist you in making an informed decision about Dr. Fortman's services.

Your signature on this Treatment Agreement will indicate an agreement between you and Dr. Fortman. You may revoke this agreement in writing at any time. The revocation will be binding unless (1) Dr. Fortman has taken action in reliance on it, (2) there are obligations imposed on Dr. Fortman by your health insurer in order to process or substantiate claims made under your policy, or (3) you have not satisfied any incurred financial obligations.

Dr. Fortman's Experience and Philosophy

Dr. Fortman, a licensed clinical psychologist, serves as clinical faculty at Northwestern University's Feinberg School of Medicine, staff psychologist at the Center on Halsted, and private practitioner/owner of Tandem Psychology. As a member of the Sexual Orientation and Gender Institute (SOGI), he provides supervision to graduate students. He trained at The Ohio State University, The University of Virginia, and Sarah Lawrence College and has worked in hospitals, college counseling centers, public schools, and community mental health centers. Dr. Fortman has also taught courses at The University of Virginia, Old Dominion University, and at various community colleges. He is experienced in helping people who are struggling with relationship difficulties, anxiety & depression, low self esteem, LGBT related issues, grief, abuse & neglect, and trauma.

Your Rights

Dr. Fortman hopes that all clients feel that their personality dignity is honored. Clients have the right, and are encouraged, to discuss treatment planning and ongoing treatment progress and goals with Dr. Fortman at anytime throughout the course of therapy. Clients have the right to refuse treatment at any time. It is Dr. Fortman's hope that you and he can discuss any decision to forego specific treatment recommendations to ensure that you are making a fully informed decision; nonetheless, the decision remains yours.

Treatment Services

Psychotherapy has been shown to be tremendously beneficial to clients, particularly when they assume an active role and when the therapist-client working relationships are strong. Possible outcomes include reduced feelings of distress, solutions to specific concerns, improved relationships, and a greater overall sense of fulfillment. As productive as therapy can be, it does sometimes involve discussing unpleasant or emotionally painful aspects of your life. You may experience uncomfortable feelings like sadness, guilt, anger, frustration, or helplessness. While these emotional experiences can be unpleasant, it is



important to remember that they are a normal and important part of becoming more self-aware. One of the central tenants of psychotherapy is that by approaching the emotionally laden topics that we sometimes elect to avoid, those very topics and circumstances become less burdensome to us over time. Through this process, individuals can examine a broader range of feelings, thoughts, and reactions without judgment.

Therapy involves a commitment of time, energy, and money. Given this, it is important to Dr. Fortman that you feel free to explore your concerns and that you and he have a good working relationship. If you have questions about Dr. Fortman's procedures or therapeutic approach at the onset of services or throughout treatment, Dr. Fortman hopes that you will raise them whenever they arise. If at any point you decide that you would like a second opinion or would prefer to work with another mental health professional, Dr. Fortman will be happy to provide you with the names and contact information of other area practitioners.

In addition to psychotherapy, treatment services can include neuropsychological, educational, or personality evaluations/assessments. Treatment services DO NOT include and/or provide for the rendering of any testimony or opinions, either verbal or written, in any and all legal proceedings including trials, depositions, arbitrations, mediations, etc.

Confidentiality

All information discussed and disclosed within the therapeutic setting is confidential. This is guaranteed by ethical practice, Illinois law, and the Health Insurance Portability and Accountability Act (HIPPA). You should be aware, however, that the law does provide for the following four exceptions to confidentiality: (1) Dr. Fortman must notify relevant others if he determines that a client has an intention to harm him or herself; (2) Dr. Fortman must notify relevant others if he determines that a client has an intention to harm another person; (3) Dr. Fortman must report known or suspected child/elder/incapacitated adult abuse, neglect, or molestation to the appropriate state agencies; and (4) Dr. Fortman may be required to disclose client information as necessary to comply with court orders or subpoenas. In addition, the State of Illinois Department of Human Services has introduced a Firearms Owner's Identification (FOID) mental health reporting system which mandates that licensed clinical psychologists, including Dr. Fortman, and other mandated reporters report individuals that (1) have been determined to be a "clear and present danger" to themselves and/or their community, and/or (2) have been determined, by Dr. Fortman, to be developmentally disabled or intellectually disabled. Dr. Fortman will make every effort to discuss this with you in advance if it seems like he will need to file a report.

Please know that with written consent, you may also make requests for disclosures of information to other individuals, including other providers from whom you have received or are currently receiving services (e.g. psychiatrists, primary care physicians, etc.).

Please be aware that Dr. Fortman does consult with trusted colleagues from time to time to ensure that he is providing high quality care to his clients. This is standard ethical practice in the fields of clinical and



counseling psychology. In such consultations, Dr. Fortman does not share details that would identify his clients to his colleagues and only shares information that is relevant to the reason for his consultation.

Confidentiality Pertaining to Children

Children and families create special confidentiality questions. When Dr. Fortman treats children under the age of 12, he must tell their parents or guardians whatever the parent or guardian asks. However, as children grow more able to understand and choose, they assume legal rights. For those between the ages of 12 and 18, most of the details shared in their sessions will be treated as confidential. However, parents or guardians do have the right to general information, including how services are proceeding. Dr. Fortman may also have to tell parents or guardians some information about family members when information is shared that might place someone in danger.

Confidentiality Pertaining to Families

In family therapy (including couples therapy), the confidentiality of information can become very complicated. If you tell Dr. Fortman something your partner does not know, and not knowing this could harm him or her, Dr. Fortman cannot promise to maintain confidentiality. Dr. Fortman will work with you to determine the best long-term way to handle these situations. In addition, if you and your partner have a custody dispute, or a court custody hearing is forthcoming, you should notify Dr. Fortman as soon as reasonably possible. Dr. Fortman's professional ethics prevent him from doing both therapy and custody evaluations. If you are seeking therapy in relation to a marriage or civil union, you must agree at the start of treatment that if you eventually decide to divorce or legally separate, you will not request Dr. Fortman's testimony for either side. However, the court may order Dr. Fortman to testify.

Contacting Dr. Fortman

Due to Dr. Fortman's work schedule his is often not immediately available by telephone. However, he makes every effort to respond as soon as possible to voice messages. When Dr. Fortman is unavailable, his telephone is answered by a private, confidential voicemail that he monitors at least once each day. Dr. Fortman will make every effort to return your call within 24 hours. However, there may be delays on weekends or when Dr. Fortman is on vacation. When you leave a voicemail message for Dr. Fortman, it is useful if you can leave some times that you are available to be reached.

If you are unable to reach Dr. Fortman and are experiencing a psychological crisis or emergency, please contact your family physician or the nearest hospital emergency room and ask to speak with the on-call psychologist, psychiatrist, or crisis counselor. Providers can then contact Dr. Fortman to alert him to the situation. One possibility is Northwestern University's Hospital's 24-hour line: 312-926-8100. If Dr. Fortman anticipates being unavailable for an extended time, he will provide you with the name and contact information of a colleague to contact in case of emergencies.

While Dr. Fortman is happy to communicate basic information via email or telephone, for example, scheduling appointments, specific content related matters being addressed in therapy are best reserved for in-person sessions. Phone calls lasting 15 minutes or longer are subject to Office Outpatient



Consultation fees. Further, please be aware that the privacy and confidentiality of email communication cannot be guaranteed.

Social Media

In order to protect the nature of the therapeutic relationship and better ensure client privacy and confidentiality, Dr. Fortman will not knowingly communicate or connect with clients via social networking sites (Facebook, Instagram, LinkedIn, etc.) during or after the termination of therapy.

Sessions

The first 2-4 visits are a preliminary period during which Dr. Fortman and you will conduct an initial evaluation of your needs. Therefore, the first 4-weeks of treatment, it will be important to set aside at least one session for a more formal “information gathering session” during which Dr. Fortman will collect specific information from you about your history. By the end of the evaluation period, Dr. Fortman will be able to offer you some first impressions of what your and his work will likely include should you decide to continue in therapy with him. Dr. Fortman may also offer other recommendations. You should evaluate this information along with your own opinions about whether you feel comfortable working with Dr. Fortman. It is important to feel comfortable with and confident in the therapist you select.

Once therapy has begun, Dr. Fortman will usually schedule one session per week at a time that you both agree upon, although some sessions may be longer or more or less frequent depending on the needs and resources of the individual. Sessions are typically 50-minutes in length. Out of respect to clients, Dr. Fortman makes every effort to begin and end on time so that clients are not left wondering each week when exactly the session will end. In this way, it is Dr. Fortman’s hope that you will feel empowered to make the choices that feel best for you each week about how to spend the time that belongs to you. In beginning and ending on time, it is also Dr. Fortman’s intent to demonstrate respect to each client by not keeping one person waiting while another person’s session runs over, etc. Of course there are exceptions, such as an occasional crisis, during which Dr. Fortman may run over with clients, etc. If Dr. Fortman is late in beginning a session, he will make every effort to make up the time; however, if the client is late in arriving for a session, the session will still end at the regularly scheduled time so that the next person has access to his or her full session length.

Termination

Under ideal circumstances, the termination of therapy is agreed upon by both the client and the therapist and reflects a mutual sense that therapy goals have been reached. However, termination of therapy may occur at any time and may be initiated by either you or Dr. Fortman. If you decide to end therapy, Dr. Fortman requests that you provide a minimum of two weeks notice. This notice allows you and Dr. Fortman to give proper attention to your progress to date and your experience of termination itself. When attended to appropriately, the termination process (i.e., bring the relationship to a close), consolidating treatment goals, and saying goodbye, can be a constructive and useful part of therapy. If



after completing an initial course of therapy, you wish to return for additional treatment, Dr. Fortman would be happy to discuss that option with you.

Charges and Billing

Dr. Fortman's fees are set within the usual and customary range for the area. By agreeing to participate in treatment or obtain psychological services from Dr. Fortman, you are agreeing to full payment for service. Payment is required at the time of service.

Some insurance companies will reimburse clients for my psychological services and some will not. In addition, most will require that a diagnosis of your mental-health condition and indication that you have an "illness" before they will agree to reimburse you. Some conditions for which people seek psychological services do not qualify for reimbursement. If a qualifying diagnosis is appropriate and you request it, Dr. Fortman will inform you of the diagnosis he plans to render before reporting this diagnosis to your health insurance company. Any diagnosis will become part of your permanent insurance record. Please see the Illinois "HIPAA" Form that Dr. Fortman has provided you.

Dr. Fortman is an in-network provider for Blue Cross Blue Shield PPO only and for those with this insurance, Dr. Fortman will complete and submit all paperwork to Blue Cross Blue Shield on your behalf and they will reimburse him directly. If using BCBS PPO, rates negotiated between BCBS PPO and Tandem Psychology LLC/Dr. Fortman will apply.

If you intend utilize out-of-network insurance benefits, Dr. Fortman will be happy to provide you, at your request, with the necessary documentation and receipts so that you may submit claims for reimbursement directly to your insurance company on your own behalf.

Insurance companies that do reimburse for psychological services usually require that a standard amount be paid ("a deductible") by you before reimbursement is allowed, and then often a percentage of the fee is reimbursable and a percentage or flat rate will be your responsibility ("co-pay" or "co-insurance"). You should contact your insurance company representative to determine whether your insurance company will reimburse you and what schedule of reimbursement is used.

Dr. Fortman accepts cash, checks, and credit cards (Visa, MasterCard, Discover, American Express) for payment. Please make all checks payable to: Tandem Psychology LLC. Returned checks will incur a \$15 service charge.

If you are carrying an account balance at the termination of treatment, you agree to authorize the full balance be charged to the credit card you provide Tandem Psychology LLC/Dr. Fortman. If your account is past due by more than 45 days, a collection agency may be utilized to obtain payment. The collection agency fees, court costs, and attorneys' fees will be added to the unpaid balance, for which you are responsible. Additionally, Dr. Fortman reserves the right to terminate services for non-payment.

Fees are typically re-evaluated on an annual basis and are subject to change with a 4-week notice.



Cancellation Policy

A scheduled appointment means that the time is reserved for only you. If you must cancel a scheduled appointment, please notify Dr. Fortman at least 24-hours in advance of the appointment. Unless circumstances beyond your control interfere with notification (as determined by Dr. Fortman), failure to cancel within 24-hours will result in a "Failed Session" fee (equal to the full cost of the appointment for which you were scheduled). Please note that insurance companies do not provide reimbursement for cancelled sessions; thus, even if you are using insurance to pay for your services, you will still be responsible for paying directly to Dr. Fortman the "Failed Session" fee. The purposes of this fee are simply to cover the cost of business expenses incurred for the missed hour and also to encourage provision of advanced notice for cancellations so that Dr. Fortman may offer the hour to someone else who may need the time. Also, please be advised that if you "no show/no call" for more than two or more appointments or if you demonstrate a pattern of being late, Dr. Fortman reserves the right to suspend counseling services.

Litigation Limitation

Due to the nature of the therapeutic process and the fact that it often involves making a full and honest disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you ("client") nor your attorney, nor anyone else acting on your behalf will call on Dr. Fortman or members of the Tandem Psychology LLC staff to testify in court or at any other proceeding, nor will a disclosure of the clinical records be requested. **Initial** →

Agreement

Form becomes effective date of signatures below, thereby, replacing previous versions.

I have read the above information on all six (6) pages of this Treatment Agreement and I understand and agree to its contents. My signature indicates my agreement and my consent to receive treatment from Tandem Psychology LLC/Tyler Fortman, PhD:

Client/Parent Name

Client Signature

Date

Minor Name (If client is over 12 years old)

Minor Signature (If client is over 12 years old)

Date



**CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY
EMAIL OR TEXT**

I, _____(Name) _____ (Date of Birth), authorize Tandem Psychology LLC and Tyler Fortman, PhD (3354 North Paulina St., Suite 206F, Chicago, IL, 60657; 312.380.9031) to transmit, via non-secure email or text, the following protected health information, health records and health care treatment:

- Information related to the scheduling of meetings or other appointments
- Information related to billing and payment
- Receiving information from a collateral party
- Receiving information from client or minor client’s parent/guardian
- Other (specify): _____

to myself:

Your Name: _____
 Email: _____
 Cell Phone: _____

to the following individuals as well:

Name: _____
 Email: _____
 Cell Phone: _____

Such transmission is for the purpose of facilitating faster, more convenient communication.

Unless written notice is provided by the client/client’s parent/guardian, this authorization will terminate upon the termination of services. Form becomes effective date of signatures below, thereby, replacing previous versions.

Client/Parent Name

Client Signature

Date

Minor Name (If client is over 12 years old)

Minor Signature (If client is over 12 years old)

Date