

Courtney D. Burtscher, Psy.D  
Licensed Clinical Psychologist  
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### **Information About Psychological Services**

Thank you for choosing to work with me. This document provides information about my practice and services. Please read it carefully and we can discuss any questions or concerns you may have at our next session.

#### **Sessions**

When we first begin our work together, we will talk about your reasons for seeking treatment, your health history and background. During this time, we will also discuss about whether both you and I feel that we are a good fit to work with another. If we decide to work together, I usually schedule one forty-five minute session at the same time each week. When it is clinically indicated, we may meet more frequently. As you progress in treatment, sessions may become less frequent. If we find not to be a good match, I will provide you names of other providers.

If you fail to keep a scheduled appointment, it means that this time may go unused and I am unable to see a client who may need it. Therefore, I charge my full regular fee (\$125) for all appointments missed or canceled without 24 hours notice. This charge cannot be billed to insurance companies and is your responsibility. The fee for the missed session is expected at our next appointment. If you are going to miss a session, please call me at 773.883.5398.

#### **Contacting Me**

During the week, I usually respond to calls within 24 hours. I am not available to respond to calls over the weekend. You may leave a message on my confidential voicemail anytime at 773.883.5398. If you do not want me to leave a voicemail back for you, please be sure to indicate this in your message. You may also email me at [courtney@drburtscher.com](mailto:courtney@drburtscher.com). Feel free to email me for purposes of scheduling or for other matters that are not clinical in nature. Email communication is not ideal for conducting treatment, so any clinical issues that come up over email will be best addressed at our next session. Email communication cannot be used to address or respond to emergencies.

In an emergency, call 911 or go to your nearest hospital emergency room.

#### **Confidentiality**

I will keep the information you share with me confidential unless I have your consent to release it or am required to under IL or Federal law. This can occur when you pose a danger to yourself or others, you are aware of a child or elder who may be the victim of abuse or neglect, or are involved in court proceedings.

#### **Paying for your Psychotherapy**

You have the choice to self pay or use your insurance benefits for your psychotherapy. You are expected to pay for each session at the time it is held, unless we agree otherwise. If your bill is not paid in a timely manner, we cannot continue treatment.

Using your Insurance Benefits

I am on the panel of **Blue Cross/Blue Shield PPO** and **Aetna** insurance plans. I strongly recommend contacting your insurance company to verify your copayment, coinsurance or deductible responsibilities. I will submit claims to your insurance company on your behalf. In the event insurance does not cover my fees, you are agreeing to pay them and to cover any attorneys fees or court costs I incur in collecting payment.

If you have a plan outside of Blue Cross Blue Shield and Aetna, you may have out-of-network benefits. This means that your insurance company **may** provide partial coverage of your treatment with me. You are free to submit the receipt of payment for services to your provider for a possible reimbursement. You will be responsible for full payment to me at the time of service. I strongly recommend calling your insurance company to find out if you have out-of-network benefits before you begin treatment.

Self-Pay

You may also pay for services without using your insurance. My rates are:

Initial Psychotherapy Assessment (couples, families and individuals / 50-55 minutes)	\$175
Individual Therapy (45 minutes)	\$125
Individual Therapy (60 minutes)	\$155
Couples/Family Therapy (45 minutes)	\$155
Couples/Family Therapy (60 minutes)	\$175

Other Charges

There are times you may request or require other services outside of our typical therapy sessions. I charge a pro-rated amount of my self-pay fee of \$125 for these times (such as letter writing, filling out forms, participating in meetings, etc.) I do not charge for brief (under 10 minute) phone conversations or paperwork.

**Minors**

Clients between the ages of 12-18 have the right to confidentiality unless there is a concern about safety of self or others. Under the law, I am required to share basic information (that treatment has occurred, diagnosis) to guardians of minors 12-18.

Thank you for taking the time to review this information. I look forward to working with you.

Courtney D. Burtscher, Psy.D

By signing my name below, I indicate that I have received, read, understood and agreed to the arrangements described above in Information about Psychological Services from Courtney D. Burtscher, Psy.D.

Client Name: \_\_\_\_\_

Guardian Name/Relationship if client is minor: \_\_\_\_\_

Client Signature (guardian if client is a minor) \_\_\_\_\_ Date: \_\_\_\_\_