

Hawthorn Counseling Group

1580 South Milwaukee Avenue, Suite 305, Libertyville, IL 60048 ● (847) 680-0755 ● www.hawthorncounseling.com

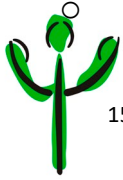
Collaborative Divorce Coaching Client Registration Packet

Welcome to Hawthorn Counseling Group. Please note the following about the attached forms:

- ✓ Each party is to complete a separate packet of forms and return to Dr. Jochem
- ✓ Please complete the client registration form.
- ✓ Please complete the Collaborative Divorce Coaching Agreement form.
- ✓ All clients are asked to complete the attached *Payment Agreement*. Please provide credit card billing information. As explained on the form, you may use cash or check to pay for services provided however your credit card may be utilized for collection of unpaid balances resulting from deductibles, copays, late cancellation or failed appointment charges.

Please pay special attention to our policies regarding late cancellations or failed appointments:

- If you need to reschedule an appointment, Hawthorn Counseling Group requires at least 24 hours' notice—a full business day in advance of the hour of your appointment—giving notice of the intent to cancel a scheduled appointment. Also, please note: appointments scheduled on Mondays (or Tuesdays if following a holiday weekend) must be canceled by 5:00pm the preceding Friday afternoon. If you have a scheduling conflict and must cancel an appointment it is sufficient to leave a voicemail message in your specific clinician's voicemail box by calling 847-680-0755, then entering the mailbox extension for your HCG clinician. This notification must be provided a full 24 hours (or one business day) in advance of the hour of the scheduled appointment in order to avoid being billed for the appointment. We are unable to make allowances or exceptions to this policy, except in cases of sudden serious illness, family emergency or severe inclement weather. Be advised that business/work conflicts, scheduling of kids' athletic or school events, unexpected travel or other similar circumstances which might arise are not deemed as grounds for waiver of the late cancellation policy.
- With regard to late cancellations or failed appointments, you will be charged the full usual and customary fee for one hour of scheduled service.



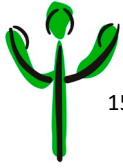
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CLIENT REGISTRATION INFORMATION

PLEASE PRINT

<i>Patient Information</i>					
Last Name	First Name	MI	Date of Birth / /	Age	Sex
Address		Apt. #	City	State	Zip
Home Phone	Work Phone		Cell Phone		



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Hawthorn Counseling Group Fee Schedule

Psychotherapy Services

90791, Diagnostic Evaluation	\$240.00
90832, Psychotherapy, 30 min, with patient and/or family member	\$120.00
90834, Psychotherapy, 45 min, with patient and/or family member	\$180.00
90837, Psychotherapy, 55 min, with patient and/or family member	\$240.00
90847, Family/conjoint psychotherapy w/ patient present, (45 min)	\$180.00
90846, Family/conjoint psychotherapy w/out patient present (45 min)	\$180.00

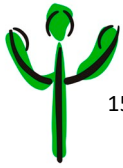
Evaluation Services

Fitness-for-duty evaluation typically includes: <ul style="list-style-type: none"> 2-3 units 90899—unlisted procedure/service 1-2 units 90889—document preparation 	(Services & fees vary with circumstances)
School fitness evaluation—low/moderate complexity typically includes: <ul style="list-style-type: none"> 2-3 units 90899—unlisted procedure/service 1-2 units 90889—document preparation 	(Services & fees vary with circumstances)
Bariatric surgery evaluation—low/moderate complexity typically includes: <ul style="list-style-type: none"> 2 units 90899—unlisted procedure/service 1 units 90889—document preparation 	(Services & fees vary with circumstances)
96101, Psychological testing <ul style="list-style-type: none"> MMPI / MMPI-A admin & interpretation 	\$150.00
90889, Document preparation / report writing, 15 min	\$60.00
Scheduled telephonic consultation, (45 min)	\$180.00

Parent Coordination, Co-parenting Consultation, Collaborative Divorce & Medication Services

<ul style="list-style-type: none"> All services billed on hourly basis, or pro-rated as indicated in 15 min intervals 	\$280.00/hr
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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 May 1, 2021. Fees shown above do not reflect contractual arrangements which may be in place between HCG and certain health insurance payors. (4/20/2021)



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PAYMENT AGREEMENT

Patient Name: _____

In consideration of the services to be rendered by the clinicians of Hawthorn Counseling Group (HCG), I agree 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, or as otherwise negotiated with HCG.

I also understand that I am financially responsible for any failed appointment & late cancellation charges.

I certify that the information provided to HCG 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 understand that I may pay by cash or check. I grant permission to HCG to bill my credit card account or flex spending account noted below for payment of any charges. This includes payment of any unpaid balances which are 30 days or more past due, including co-payments, deductibles, failed appointment & late cancellation charges.

In understand that credit card charges will show on billing statements as "Hawthorn Counseling Group".

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

TYPE OF CREDIT CARD: VISA M/C FLEX SPENDING ACCOUNT DEBIT CARD

NAME OF CARD HOLDER:

<i>PRINT</i>

ACCOUNT NUMBER:

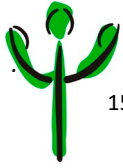
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EXPIRATION DATE:

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AGREEMENT AND AUTHORIZING SIGNATURE:

X _____



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AGREEMENT TO ENGAGE A DIVORCE COACH

We are pleased that you have contacted Hawthorn Counseling Group (HCG) to assist you during your collaborative divorce or mediation process. The following information is provided to ensure that all parties understand the divorce process and the role of the divorce coach.

For the purposes of this agreement, “coach” or refers to the Hawthorn Counseling Group (HCG) professional who is being retained to provide professional services to you during your divorce proceedings. . “Parties” refers to the clients—the participants in the divorce—who wish to retain HCG for the purpose of receiving divorce coaching. References to members of the “divorce team” refer to the attorneys representing both parties, a financial professional (if applicable), other mental health providers or any other professionals or mediator serving as team members for your divorce.

In the event that HCG is providing divorce coaching services to only one party in the divorce proceeding (a two-coach model, where both parties have an individual coach) we ask that you review the information contained in this agreement and indicate your understanding and agreement by signing below. If HCG is providing professional services to both parties of the divorce (a one-coach model) we ask that both parties independently review the information contained in this agreement and indicate their understanding and agreement by signing below, each party separately signing and returning this agreement.

I, _____, request that Hawthorn Counseling Group provide services to me as a divorce coach.

Role of Coach in the Divorce Process

I understand that a 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 divorce coach does not conduct a diagnostic evaluation, classify a disorder or provide treatment. Instead, the coach facilitates communication between the parties engaged in the divorce

process and other members of the 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 may help to develop an appropriate parenting plan and effective co-parenting skills. I understand that no legal or financial advice will be provided by a Hawthorn Counseling Group clinician to either party engaged in the divorce process.

Communications and Confidentiality

With this divorce coach agreement, I am granting consent to HCG to exchange information as noted below:

- My coach may release & exchange written and verbal information with the professionals involved in my divorce case. Specifically, this consent applies to all professionals listed on my collaborative divorce participation agreement or who have been retained to participate in my mediation process. I grant consent for the exchange of written and verbal information to the other party engaged in my divorce process, both parties' attorneys, any other coach/child specialist and any consulting financial professional involved in my case. "Written information" includes email communications, which are often copied with other members of the divorce team, including both parties seeking the divorce.
- The nature of the verbal and/or written information to be released or reciprocally exchanged includes, but may not be limited to: descriptions of coaching services provided to support my participation in the divorce process, descriptions of needs/interests as related to the divorce process and scheduling/billing information.
- The purpose of the release & exchange of information is to permit coordination of services during the divorce process.
- The consequence of refusal to grant consent is the inability of the HCG clinician to communicate with others involved in my case, including both professionals and the other party to my case.
- This consent to release & exchange information may be rescinded at any time. I understand that HCG will honor my request to limit the scope of information disclosed, so long as this limited scope does not interfere with my good faith participation in the collaborative divorce or mediation process.
- This consent to release & exchange information is valid until the conclusion of my divorce case. The case is considered to be concluded either upon final court approval of the marital settlement

and joint parenting agreements or upon my written notification of intent to withdraw from the divorce proceedings.

- Disclosure of information to parties outside of the divorce requires my written consent.

There are exceptions to confidentiality. These include the following circumstances:

1. If the coach has cause for concern regarding an imminent risk of harm to anyone inside or outside the divorce process the coach may take steps to prevent such actions, including sharing information with other healthcare providers and/or other personnel in the service of preventing such harm.
2. If the coach becomes aware of suspected child abuse or elder abuse, the coach has a professional mandatory reporting responsibility to report specific information to authorities/agencies designated under state law.

Voluntary Process

I understand that collaborative divorce, and receipt of associated services such as coaching, is a voluntary process and that my commitment to the process is essential to its success. I agree to act in good faith throughout the process.

Termination of Coaching Services

Either party who has retained the professional team may decline to continue the 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 may also withdraw from the case if either party engages in conduct contrary to the divorce process.

All information obtained or developed during the course my divorce case will remain confidential and may not be used in any subsequent legal proceeding or custody evaluation. I understand that if my divorce process ends before resolution and the parties elect to go to court, my HCG coach will not be available to either party as a provider of mental health services nor as an expert regarding child custody issues. I agree that my HCG coach will not be called upon to release information nor to testify regarding this divorce case in any subsequent legal proceeding. I understand that my HCG divorce coach will not willingly testify in any subsequent court proceeding related to my divorce.

During the divorce process, and after its termination, the coach will be not be available to provide other mental health services to the parties or their children. However, the coach may assist in providing appropriate referrals for additional mental health care as indicated.

Fees & Billing

HCG asks for a retainer of \$1500.00 for divorce coaching services. Services will be billed against the retainer per the hourly rate shown on the HCG fee schedule in effect at the time of service delivery, or prorated increments thereof. The retainer will be applied towards coaching sessions, meetings with the divorce team, telephone conferences/coaching with the parties, telephonic case conferences with other members of the divorce team, document drafting (of greater than 15-minute duration), document review (of greater than 15 minute duration) and door-to-door travel time from the offices of Hawthorn Counseling Group to locations where services are provided. To facilitate continuity of service, retainer replenishment will be requested should a retainer balance approach depletion. HCG will provide an itemized statement of all services rendered and will refund any unused portion of the retainer at any time, either upon request or upon conclusion of the case.

I understand that HCG requires 24-hour (1 business day) notice when canceling a schedule coaching appointment. Appointments canceled with less than 24-hour notice, or failure to keep a scheduled a scheduled appointment, will result in being billed for one hour of service. Exceptions are provided for sudden illness in oneself or a family member, inclement weather, transportation difficulties or other unavoidable/unforeseen circumstances.

I have read and fully understand all the information contained in the Hawthorn Counseling Group document, *Agreement to Engage A Divorce Coach/Child Specialist*, and agree to its terms.

PARTY: _____
(Print Name)

(Signature)

(Date)