

Contact Information: My name is Diana Zilly, MA, MS, LCPC. I am located at 1555 Naperville/Wheaton Road, Suite 206C, Naperville, IL 60563. Phone: 630-479-4676. Consultation is by appointment only.

Education and Training:

I am a Licensed Clinical Professional Counselor in Illinois. I have a Master of Arts degree in Psychology, with a major in Human Development, from National-Louis University. I have a Master of Science degree in Mental Health Counseling from Walden University. I was trained in a state-certified hypnotherapy program at the Leidecker Institute in Elgin, IL. I have completed certification as a Clinical Trauma Therapist.

Notice:

As a clinically licensed mental health counselor, I am able to make a mental health diagnosis, and provide you with appropriate treatment within my boundaries of competence, referring out as necessary. I do not prescribe medication and will advise you to speak with your doctor about medication-related questions and concerns.

In the event my services are terminated, the client has a right to coordinated transfer of services to another practitioner. A client has a right to refuse counseling services at any time. A client has a right to be free of physical, verbal, or sexual abuse. A client has a right to know the expected duration of sessions, and may assert any right without retaliation.

Redress: Please discuss any concerns first with me so that we can work together for resolution. If you have a complaint about my services or behavior that I cannot resolve for you personally, I will provide you with information to seek redress and referrals for other therapists.

Fees: Clients follow the fee schedule and payment terms agreed to at the time of service. There will be a \$50 cancellation fee unless you notify the office more than 24 hours in advance (except in cases of emergency or severe weather). This fee will automatically be assessed to your account. Clients pay all fees relating to returned checks including my \$30 returned check fee assessed to your account. Payments are non-refundable, non-transferable. Payment is due when services are rendered.

Confidentiality: I will not release any information to anyone without a written authorization from you, except as provided for by law. I will protect your counseling records to the extent permissible by law. Should you request records regarding your therapy, I will provide you with a summary of your treatment.

Insurance: I will either bill your insurance or you will pay a cash rate. Should you decide to try to bill your insurance for services at a cash rate, you will not hold Diana Zilly or Diana Zilly LLC liable as your actions could be construed as insurance fraud. Signing this form indicates your understanding and agreement to this. You are responsible for paying any balance due on your account not covered by insurance.

My Approach: I practice client-centered counseling that focuses on developing each person's ideal sense of wellness and healing. This eclectic approach is supported by my background in psychology, human development, and counseling, with emphasis on the development of personal resilience. Each client is treated with respect, compassion, and encouragement.

What to Expect During Counseling: Each person has his own unique experience during counseling. It is perfectly normal to feel a range of thoughts and emotions, and your counselor will help you process whatever you experience. Everything you experience will feel natural and within a normal range of typical feelings that you might feel from day to day.

Client Responsibility: I expect my clients to be honest with me about their health, medical history, and the prescription drugs that they are currently taking. Clients must also arrive at their appointments free from the influence of illegal drugs and alcohol, otherwise treatment will be refused and their fee still assessed. It will be treated the same way as a last-minute cancellation.

Informed Consent: I have read and I understand this Client Bill of Rights. I understand that there are no absolute, guaranteed results promised from counseling. I release Diana Zilly and Diana Zilly LLC from any liability in regard to this.

Name _____

Date _____