

# Susan Myket, Ph.D. & Associates

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Using Research-Supported Therapies to Enrich Families

## Client Information Brochure

### Susan Myket, Ph.D. & Associates

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Welcome to Susan Myket, Ph.D. & Associates! This letter contains some helpful information regarding our practice to help you better understand us, as well as achieve the best possible treatment outcome. If you still have questions or concerns after reading this material, please feel free to ask us. We are happy to help you.

**Office Hours:** Our specialists are independent contractors and therefore set their own schedules. We have various office hours available, such as morning, afternoon and evening hours during the week and weekend hours as necessary. You will work directly with your specialist to schedule your appointments. If you need to speak with any of our specialists, you may reach them at their confidential voicemail extension listed on the last page. Our voicemail system is available 24 hours a day. These messages are generally checked by specialists throughout the day and most calls are returned within 24 hours, except for weekends/holidays.

**Fees for Service:** A typical individual therapy sessions are 45 or 55 minutes. The fee for the initial Diagnostic Evaluation is \$210 - \$230 depending on complexity and interactivity. Subsequent individual therapy sessions are \$140 - \$230. The cost for longer or more interactive sessions, assessments, family sessions, parent consultations, group therapy and other services, including autism spectrum specialty, vary according to the services provided. You are strongly encouraged to contact your insurance company by phone as soon as possible before your first visit to obtain any required pre-authorization and so that you will have a clear idea of how much your insurance will cover and how much you will be responsible to pay. We are in-network with BCBS PPO. We are an out-of-network provider for all other insurance companies. If you wish to use insurance benefits, you are asked to present your insurance information at the first session and your co-payment or co-insurance at the end of each session. After your first visit, our billing department, NetSource Billing, will confirm your

behavioral health benefits and file claims with your insurance company. If we are out-of-network for your insurance company, you are responsible to pay the difference between the insurance benefits (could range between 0% - 100%) and our full rates. NetSource Billing will send you a monthly bill if your account has an updated balance. Outstanding balances 30 days past due will be charged to your credit card on file per our CC agreement. Balances left unpaid for an extended period of time may be sent to collections. Our billing department's toll free phone number is: 866-441-1591. If you select to self-pay, you are asked to keep your account current and to pay for each session at the time of service. Cash, checks, Visa, MasterCard and Discover are all acceptable forms of payment.

**Cancellation Policy:** 24-hour notice of cancellation/appointment change is required or the session will be billed at the full usual rate and will not be covered by insurance. If there is an emergency, please discuss this with your specialist.

**Frequency of Treatment:** Typically, clients are asked to come in on a weekly basis. We do our best to arrange a regular time for each client. At times, depending on the severity of symptoms, clients are asked to come in two or three times a week if more intensive therapy is needed. Furthermore, in times of crises, it may be possible to schedule additional sessions. As progress is made and symptoms decrease, clients are usually seen less often. A booster session(s) can occur as necessary to check up on progress and refresh skills to handle additional concerns over time.

**Confidentiality:** What is discussed in the confines of the office remains private and confidential within the following requirements of law. First, if a client or family member reports that there is a possibility of harming themselves or others, including but not limited to physical or sexual abuse, neglect and suicidal or homicidal behavior, the law requires that we make a formal report regarding the situation. Should the need ever arise to make such a report; every effort will be made to involve you in the process and to do so with your participation. Our goal is the protection and safety of our clients. Second, if you ask us to bill your insurance, we may be required to share pertinent information about the reason/diagnosis for which you are seeking therapy. Whenever possible, we limit this information and provide the least amount required to secure benefits. You may request to see this information before it is submitted. If you do not want information shared with your insurance company, you may notify us in advance that you'd like a session or sessions that will not be included in your health record and you must pay in full for each session at the time of service. We will not share the information discussed in these sessions unless required to do so by law. Third, in a legal proceeding our records may be subpoenaed by the court, and we may need to provide them. However, we will discuss the possible risks and benefits of a requested release of information before that information is disclosed. Lastly, if you provide written consent for us to coordinate treatment with another professional(s) (e.g., medical doctor, school, other treatment provider), we are happy to provide brief updates of your treatment progress, again limiting information to what is pertinent to help that professional provide you with appropriate service.

**Minors 12-17:** The State of Illinois provides additional confidentiality for clients ages 12-17. Parents/Guardians will have access to information regarding current mental condition, diagnosis, treatment needs, charges, services provided and services needed. The minor must be informed and not object for a parent/guardian to inspect and/or copy the minor's full health record.

**Emergency Contact:** Should a mental health emergency arise, please contact the nearest hospital emergency room. Once the situation is stabilized, please let your specialist here know via phone where you are and what is occurring. We will participate in the emergency intervention as needed and provide whatever case information you ask us to release. Please understand that if this emergency occurs overnight or on a weekend/holiday, it may be the next business day before we are able to respond.

**Client Responsibilities:** You will be asked to work outside of sessions, implementing the strategies and knowledge we discuss together and to be actively involved in your (or your child's) growth and development. You will also be asked to accurately report back on what works and what does not work in achieving the changes and progress you identify as your goals. It is up to you to put forth an honest effort at helping yourself and your family change and grow. All participants are also responsible for sharing their feelings and concerns and working through any issues that arise as treatment proceeds. This is a process of discovering what will work for each individual client and family.

Thank you for reading this material! If the identified client is your child, please make sure that your child understands the information so that he or she can be more actively involved in the treatment process and take more responsibility for making the treatment work for him or her. If you would like your specialist to elaborate or explain further, please do not hesitate to ask him or her.

We wish you the very best!

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Dr. Edessa Mirzapolos x302

Anton Petrenko, M.A. x334

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