

Informed Consent for Therapy Services

PSYCHOLOGIST-CLIENT SERVICE AGREEMENT

Welcome to South Shore Counseling! This document contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

PSYCHOLOGICAL SERVICES

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The first 1-2 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

APPOINTMENTS

Appointments will ordinarily be 45-50 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours notice. If you miss a session without canceling, or cancel with less than 24 hour notice, my policy is to collect \$100.00 [unless we both agree that you

were unable to attend due to circumstances beyond your control]. It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for the portion of the fee as described above. If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

PROFESSIONAL FEES

The fee for counseling services is \$150.00 per session. A service discount may be arranged with your therapist in certain cases of need. You are responsible for paying at the time of your session unless prior arrangements have been made. Payments can be made by credit/debit card, check or cash. Any checks returned to my office are subject to an additional fee of up to \$25.00 to cover the bank fee that I incur. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

In addition to weekly appointments, it is my practice to charge this amount on a prorated basis (I will break down the hourly cost) for other professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

INSURANCE

If you plan to submit your own claims to your insurance company, it is our policy that payment of the entire fee is due at the time of service. As a service to our clients, South Shore Counseling staff will submit your insurance claims. Please provide us with the necessary information.

CO-PAYMENTS, OUTSTANDING BALANCES, AND DEDUCTIBLES ARE DUE AT THE TIME OF SERVICE.

South Shore Counseling, LLC can make no guarantee that your insurance company will provide payment for services rendered.

IT IS YOUR RESPONSIBILITY TO KNOW WHAT IS AND IS NOT COVERED UNDER YOUR POLICY. YOU ARE RESPONSIBLE FOR THE FULL AMOUNT OF THE CHARGE, WHETHER OR NOT YOUR INSURANCE WILL COVER ANY PORTION.

If your insurance company requires preauthorization of services you are responsible to inform us. Be aware that most insurance companies have an annual maximum benefit for outpatient mental health coverage. Time billed for court appearances, court case review, report writing, telephone consultation and other charges excluded by insurance coverage are client responsibility. A service charge of 1.5% (18% annual rate) or the highest statutory amount allowed, whichever is higher, will be charged on accounts past due 60 days. If payment from insurance is not received within 90 days the account is due and payable in full. Accounts 90 days past due will be subject to collection procedures and/or small claims court, the client

agrees to be held responsible for the cost disbursement including reasonable attorneys, collection and court fees.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location in the office. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

CONFIDENTIALITY

Information shared in therapy is confidential and will only be released to others with your written permission (or with the written permission of a parent or guardian). Under Wisconsin law, confidentiality does have the following limits 1) Danger to self and/or others 2) Child abuse and neglect 3) Elder abuse and neglect 4) Court order 5) Treatment operations (billing, insurance). Additionally, you have been given a copy of the HIPPA/Notice of Privacy Practices to review in our office. You may be provided a copy at your request. Please remember that you may reopen the conversation at any time during our work together.

CONTACTING ME

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) Call the Cope Hotline or National Suicide Prevention Hotline 2) go to your Local Hospital Emergency Room, or 3) call 911 and ask to speak to the mental health worker on call. I will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering my practice.

WISCONSIN BILL OF PATIENT'S RIGHTS

Wisconsin Statutes 51.61 and the Wisconsin Administrative Code HSS 94 state that a client has the right to 1) Receive prompt and adequate treatment 2) Be informed of your rights both in writing and verbally 3) Give consent to receive treatment 4) Refuse treatment 5) Be free from research and filming or taping without your written consent 6) Have your treatment records kept

confidential as well as conversations about your treatment, except where limited by law (Section 51.30, Statutes) 7) Have access to your treatment records. A full copy of the WI Code of Client's Rights is available to view in our office and a copy may be provided at your request.

GRIEVANCES

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. If you feel that your rights have been violated, you have the right to file a grievance. The grievance officer for South Shore Counseling is Gina Brindowski. If you are dissatisfied with the resolution of your grievance or you feel that the grievance can not be addressed by the client specialist at South Shore Counseling, you may file directly with the State Grievance Examiner, P.O. Box 7851, Madison, WI 53707-7851. Please keep in mind that you must report grievances within 45 days of the occurrence or when the occurrence was actually discovered.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this Agreement and you consent to its terms and limitations. You have been made aware of the limits to confidentiality, client bill of rights, and financial responsibilities.

Client Name (print): _____ Signature: _____ Date: _____

Parent/Legal Guardian (print): _____ Signature: _____ Date: _____