



Integrity Counseling

INFORMATION FOR CLIENTS and CONSENT FOR TREATMENT

The mission of Integrity Counseling, LLC is built on the foundation of empathetic and compassionate professionals who believe in the inherent strengths and well-being of those with whom we have the privilege to work. We view ourselves as partners with you and respect your values and experience and will work diligently to assist you as you confidently move forward in your life journey. Vision: Our vision is to help you see the value in the person you already are.

This packet contains important information about our policies and procedures. Please read it carefully. Ask your therapist to answer any questions you may have.

Eligibility:

Eligibility for Integrity Counseling programs is based on the existence of a presenting problem. You may be referred to another community resource if you (1) do not meet the eligibility criteria; (2) there is not enough staff time available to help you; or (3) there is a more appropriate service provider elsewhere in the community or your insurance company has another counseling resource for you.

After you begin working with Integrity Counseling services may continue: (1) so long as there are identified treatment goals which have not yet been met; and (2) there is evidence that you are interested in pursuing these goals.

The agency may discontinue services if: (1) all treatment goals have been met; (2) you fail to demonstrate an interest in actively pursuing treatment goals, for example, by showing a pattern of regularly missing appointments; (3) you fail to pay for services as agreed upon in your Fee Agreement; or (4) upon the professional recommendation of your therapist.

Appointments:

Appointments are scheduled with individual therapists. A counseling or psychotherapy hour consists of a one 45-60 minute interview with your therapist. If you need to cancel an appointment, please do so at least 24 hours in advance.

You, not your insurance, will be billed for missed appointments.

Waiting Room Courtesy:

Be mindful of all clients while you are in the waiting room by keeping noise to a minimum. Creating noise in the waiting room can be disruptive to other clients in the waiting area and those clients that are in session.

Additionally, children under 12-years-old should **not** be unsupervised in the waiting room or other common areas within the building. Parents must stay in the building while your child is in session in case you are needed.

Hours:

The agency is open Monday through Friday 8:00a.m. to 5:00 p.m. Evening/Weekend hours are available by appointment.

Consultants:

Your therapist collaborates with other licensed therapists in his/her clinical work. Your therapist also has a Clinical Supervisor who may be contacted if you have questions or concerns. The Clinical Supervisor will meet with you when necessary or at your request. The Clinical Supervisor at Integrity Counseling, LCC is Kim Charniak MSW, LCSW. She can be reached by calling (920) 385-1420.

Confidentiality:

All contacts between staff and clients are strictly confidential and will not be revealed to any person or agency outside of Integrity Counseling, without your written consent. The primary exception to this rule is a situation in which reporting is mandatory under Wisconsin law (e.g., child abuse, child neglect, sexual abuse, etc.). In addition, please note that your signature on this agreement gives the agency permission to release information necessary for the processing of claims for payment.

Electronic Communication

Please note that our therapists will only respond to text messages during normal business hours. Texting as form of communication is up to the therapist and you may discuss this option with them during your sessions. Texting is not a form of communication that can be used to report a crisis. Numbers for the crisis lines are listed under Emergencies.

Secure electronic messaging is always preferred to unsecure email/text communication for more sensitive PHI, but under specific circumstances, unsecure email/text communication containing protected health information (PHI) may take place between the provider(s) at Integrity Counseling, LLC and the patient.

This email/text communication may be used if both parties agree on this communication method and this form is completed and signed by the patient or the patient's personal representative/guardian (if appropriate).

A copy of this form and all email/text communication will be filed in the patient's Medical Record and a hard copy of this form will be provided to the patient, if requested. This agreement is limited to communications using the email/text addresses listed below:

Patient Email Address: _____ Patient Text Messaging #: _____

Provider Awareness:

Standard email/text is not a secure means of communication, so as the provider I will use the minimum necessary amount of protected health information when responding to your questions or communicating information to you.

Provider Email Address: office@integritycounselingllc.net Main Organization Email

Other Provider Email Address: _____

Patient Awareness:

Please note that most standard email/text does not provide a secure means of communication. There is some risk that any protected health information contained in email/text may be disclosed to, or intercepted by, unauthorized third parties. Use of more secure communications, such as phone or fax is always an alternative that is available to you.

By completing this form, the provider and I understand and are willing to accept the risks involved with unsecure email/text communication of my protected health information.

Email/text communication is NOT appropriate forms to communicate a crisis. If patient is in crisis, patient should only contact the crisis hotline.

Emergencies:

Our normal hours are Monday through Friday 8:00 a.m. – 5:00 p.m. If there is an emergency, please call 911. If you are in crisis and need immediate attention and it is outside of our normal business hours, please contact the crisis line at:

Winnebago County Crisis: (920) 233 – 7707

Outagamie County Crisis: (920) 832 – 4646

Suicide & Crisis Lifeline - Call or text 988 or chat: **988lifeline.org**

You may call the office 24 hours, 7 days a week at (920) 385-1420 and leave a message. Your message will be passed along to your therapist within one business day. They will return your call within 24 hours, during normal business hours.

Informed Consent:

It is the policy of Integrity Counseling that each patient, or individual acting on behalf of the patient, will receive specific, complete and accurate information regarding the psychotherapy or other treatment they receive through the agency. You will be asked to read and sign the Informed Consent Policy form prior to beginning work with your therapist.

Grievance Procedure:

Integrity Counseling shall, as part of the intake process, share information with clients concerning informal methods for resolving client concerns and formal procedures by which clients may seek resolution of a grievance. At any time a complaint occurs, the client or other complainant shall be provided with a copy of the agency's Client Rights Brochure.

Program staff shall be familiar with client rights and with this agency procedures.

The program staff and their supervisor will forward the complaint to the local Client Rights Specialist.

No sanctions will be threatened or imposed against any client who files a grievance or any person including an employee of the agency, the department, or a county department or a service provider, who assists a client in filing a grievance or participates in or testifies in a grievance procedure or in any action for any remedy authorized by law.

If you have a concern about the services you are receiving, you are encouraged to discuss it with your therapist. If this does not resolve the issue, you may present a written complaint to the Clinical Director. If you are still not satisfied, please request a written copy of the Grievance Procedure.

My signature below indicates that I have been notified of my right to receive a copy of the "Client Rights" brochure and the "Integrity Counseling Joint Notice of Privacy Practices". For clients age 12-17, you have the right to receive a copy of the "Rights of Children and Adolescents in Outpatient Mental Health Treatment"

Client Access To Records:

Under Wisconsin law, you have a right to review your treatment record. Ask your therapist for the procedures used in sharing your file with you. If you feel that it contains incorrect information, ask your therapist for the procedure used to request a change in record information.

Fee Policy:

A fee is charged for professional services provided by the therapists at Integrity Counseling. If you have private insurance or medical assistance, we will bill for services at the established rate. If you do not have insurance, or if your insurance does not pay in full, you will be responsible for paying the rate established on your Fee Agreement. You are also responsible for continued payment at the agreed upon rate once your maximum insurance benefits have been used.

If you are receiving services under managed care, health insurance, medical assistance, or an EAP, the agency will need to obtain information about covered services, co-payments and deductibles, etc. The agency will either obtain the specific information required or ask you to obtain the information. Your signature on this form authorizes Integrity Counseling to release any information necessary to process insurance claims.

Consent to Evaluate/Treat:

I voluntarily consent that I will participate in a mental health (e.g. psychological or psychiatric) evaluation and/or treatment by staff from Integrity Counseling, LLC. I understand that following the evaluation and/or treatment, complete and accurate information will be provided concerning each of the following areas:

- a. The benefits of the proposed treatment
- b. Alternative treatment modes and services
- c. The manner in which treatment will be administered
- d. Expected side effects from the treatment and/or the risks of side effects from medications (when applicable).
- e. Probable consequences of not receiving treatment

The evaluation or treatment will be conducted by a psychotherapist, a psychologist, a psychiatric nurse practitioner, a psychiatrist, a licensed therapist or an individual supervised by any of the professionals listed. Treatment will be conducted within the boundaries of Wisconsin Law for Psychological, Psychiatric, Nursing, Social Work, Professional Counseling, or Marriage and Family Therapy.

Benefits to Evaluation/Treatment:

Evaluation and treatment may be administered with psychological interviews, psychological assessment or testing, psychotherapy, as well as expectations regarding the length and frequency of treatment. It may be beneficial to me, as well as the referring professional, to understand the nature and cause of any difficulties affecting my daily functioning, so that appropriate recommendations and treatments may be offered. Uses of this evaluation include diagnosis, evaluation of recovery or treatment, estimating prognosis, and education and rehabilitation planning. Possible benefits to treatment include improved cognitive or academic/job performance, health status, quality of life, and awareness of strengths and limitations.

Charges:

Fees are based on the length or type of the evaluation or treatment, which are determined by the nature of the service. I will be responsible for any charges not covered by insurance, including co-payments and deductibles and/or No Show fees. Fees are available to me upon request.

Confidentiality, Harm, and Inquiry:

Information from my evaluation and/or treatment is contained in a confidential record at Integrity Counseling, LLC, and I consent to disclosure for use by Integrity Counseling, LLC staff for the purpose of continuity of my care. Per Wisconsin mental health law, information provided will be kept confidential with the following exceptions: 1) if I am deemed to present a danger to myself or others; 2) if concerns about possible abuse or neglect arise; or 3) if a court order is issued to obtain records.

Discharge Policy:

There are circumstances under which I may be involuntarily discharged. The agency may discontinue services if: (1) all treatment goals have been met; (2) you fail to demonstrate an interest in actively pursuing treatment goals, for example, by showing a pattern of regularly missing appointments; (3) you fail to pay for services as agreed upon in your Fee Agreement; or (4) upon the professional recommendation of your therapist.

Right to Withdraw Consent:

I have the right to withdraw my consent for evaluation and/or treatment at any time by providing a written request to the treating clinician.

Expiration of Consent:

This consent to treat will expire 12 months from the date of signature, unless otherwise specified.

I have read and understand the above, have had an opportunity to ask questions about this information, and I consent to the evaluation and treatment. I also attest that I have the right to consent for treatment. I understand that I have the right to ask questions of my service provider about the above information at any time.

Date: _____ Patients' Name (print name): _____

Patients' Signature: _____
(14 years and older, PLEASE sign)

Guardian's Name (if applicable) (print name): _____

Guardian's Signature: _____