



We are pleased to provide professional outpatient mental health and substance abuse treatment services. Our counselors are State Licensed Professional Counselors. We are a Wisconsin State-Licensed Outpatient Substance Abuse Clinic.

Process of Therapy

Intake Policy and Procedure: The goals of the initial intake session are to complete a thorough client history and to gain information regarding the presenting issues. This is also a time to discuss the process of therapy and to answer any questions you may have. It is important to obtain informed consent before beginning the therapy process. The length of time to complete the initial evaluation may vary.

Scheduling: If you choose to go forward in therapy, sessions will be set up which are generally 30, 45 or 60 minutes in length. Approval for 60 minute sessions will need to be obtained by some insurance companies through prior authorization; additional fees may apply for 60 minute sessions depending on what you and your therapist determine. Frequency of sessions will be determined based on need.

Therapy Goals: It is our procedure to work with you to identify therapeutic goals and to develop a treatment plan in the first two or three sessions. This plan provides a guide for therapy sessions and a basis for progress evaluation. Please arrive at your therapy session on time. If you need to cancel or reschedule a session, we ask that you provide at least a 24 hour notice, if possible.

Therapy Process: Therapy is an investment of your time and energy. It will be of most benefit if you are active in identifying issues and working together towards change. You will make your own decisions. The therapist's role is to act as a guide, teacher, co-learner and companion in the therapy process. A closure session is often helpful at the end of therapy to summarize the course and progress in your work and to give you recommendations for the future.

Therapy is a commitment of time, money and energy; it is often hard work, and it may not make you feel better. It is not for everyone and is only one option for addressing issues causing concern.

Contacting your Therapist: We are often not immediately available by telephone. At these times you may leave a message on our confidential voicemail, or send an email to our confidential email. Both are monitored frequently. We will make every effort to return your call within a reasonable time, with the exception of weekends and holidays. In the event of an emergency, please contact the Crisis Center or proceed to the nearest emergency room. If we will be unavailable for an extended time, we will provide you with the name of a colleague to contact, if necessary.

Your Rights as a Client:

You are entitled to information about any procedures, methods of therapy, techniques, and possible duration of therapy. You have the right to end therapy at any time without any moral, legal, or financial obligations other than those already accrued. If you wish to see another therapist, the names of other qualified professionals whose services you might prefer can be provided. Also, you may authorize your therapist to consult with another professional about your therapy.

You have the right to file a complaint with the state of Wisconsin Department of Safety and Professional Services:

Division of Legal Services and Compliance

P.O. Box 7190

Madison, WI 53707-7190

Fax: (608) 266-2264

Email: dsps@wisconsin.gov

Similarly, your therapist reserves the right to terminate services for any reason. If we choose to terminate services, we will recommend other appropriate services and provide referrals, if requested. If you do not agree with this decision, you have the right to appeal. Your appeal will be treated as a formal grievance and treated by those guidelines.

Your Client Rights Specialist is DONN DAVIS, Phone: 920-838-4162

Privacy Policy:

You have the right to expect confidentiality. However, there are limitations to this right. We are required by mandatory reporting law to report: (a) if you threaten bodily harm to another person or yourself; (b) if you reveal information regarding the abuse or neglect of a child or vulnerable adult; (c) if a judge issues a subpoena; and (d) if you are in therapy by order of a court of law. Also, insurance companies require certain information in order to cover services. Parents have access to their children's records with certain exceptions.

At your written request, records can be released to any person or agency you designate once you have completed an authorization for release form. Fees may apply.

Life Point Counseling, LLC agrees to hold in the strictest of confidence any health information pertinent to the client, either disclosed directly by the client or received via third party. We agree to receive signed permission by the client or guardian prior to release of information in any manner (verbal or written), which includes but is not limited to: diagnosis, history, treatment, compliance with treatment, treatment progress, and appointment times/dates.

In addition, Life Point Counseling, LLC (professional staff, clerical staff and billing department) agrees to hold in the strictest of confidence any information provided to us by client or third party that is not generally available to the public and that personal information will not be distributed or shared with other persons or organizations without written permission/approval by the client or guardian.

Client Responsibilities:

1. Take an active part in counseling by sharing ideas and asking questions.
2. Be open to looking at problems in new ways and trying new behaviors.
3. Respect the privacy of other people served by the agency.
4. Make a complaint if you are not satisfied with services you have received.
5. With respect to the right of the clinic, the therapist may discontinue or refuse services due to the client's refusal to follow the treatment plan.
6. Any physical, emotional, or sexual harassment from the client to the therapist or staff may result in termination and an immediate appropriate referral.
7. Use electronic communication responsibly. Clients will not send electronic communication if there is a life threatening emergency, specifically thoughts of suicide, actions of suicide, thoughts or actions of physically hurting someone else. Text messages sent to your therapist should only be used for the purpose of scheduling, rescheduling or canceling appointments.

Financial Policy:

Rates billed to insurance: For Master's Level Clinician: Initial Session - \$215, 60 Minute Individual Session - \$215, 45 Minute Individual Sessions - \$175, 30 Minute Individual Session - \$125, Family Session - \$215, Group Session - \$125. For PhD Level Clinician: Initial Session - \$250, \$215 for 60 minute sessions and \$190 for 45 minute sessions. Insurance companies will then apply any write-offs or discounts and either make payment or charge clients amounts as copays, deductibles or coinsurance.

Cash Rates Without Insurance: Initial Session - \$125, 60 Minute Individual Session - \$125, 45 Minute Individual Sessions - \$95, 30 Minute Individual Session - \$65, Family Session - \$125, Group Session - \$85. Cash rates to see Craig Abrams, PhD, are: Initial Session - \$170 and Ongoing Sessions - \$130.

We are entering into a contract with you to provide a service and in return expect you to pay your bill promptly. Our billing department will file your insurance claims as a courtesy to you. A bill will be sent to you each month you have an outstanding balance to be paid. We expect you to pay your copay at the time of your session. We are willing to set up a payment plan if necessary, but expect, at a minimum, that payments will be made monthly.

Letters written on your behalf and/or extended phone calls may also be charged a fee.

Fees may also apply when sending records requested on your behalf.

1. I understand that if my insurance company does not pay for treatment, I will be responsible for payment in full.
2. A 24-hour business day notice is required for cancellation of a scheduled session. If I do not meet this requirement, I agree to pay a late cancellation or no show fee of \$66.00. I understand that this will be my responsibility, not that of the third-party payer. If I have 2 late cancels or failed appointments, all future scheduled appointments will be taken off the schedule.
3. I understand that it is my responsibility to be aware of my Behavioral Health Insurance Coverage.
4. Regarding Accounts Receivable: If at any time my balanced owed is at or above \$250.00, I may be asked to reschedule to a time when my account is no longer at the limit or past due.
5. I understand that the therapist has the right to seek legal recourse to recoup any unpaid balance. In pursuing these measures, the therapist will only disclose biographical information and the amount owed, in order to ensure confidentiality.
6. I understand I will be charged for returned checks as determined by state law.

Legal Involvements: As a policy of Life Point Counseling, LLC, we will not become involved in legal disputes or other official proceedings unless compelled to do so by a court of law. Matters involving custody and mediation are best handled by another professional who is specially trained in those areas rather than by your therapist. However, if you become involved in a legal matter and the court requires our participation, you will be expected to pay for the professional time required, including any travel time. This will be billed at the rate of \$175/hour.

Emergency Contact: Name: _____ Relationship: _____

Phone Number: _____

Do we have permission to contact this person in case of an emergency? Yes _____ No _____

Additional Clinic Policies and Procedures:

1. When a client is actively suicidal, the client will need to be escorted to the hospital's emergency room by a family member. If a family member is either unreachable, does not reside locally, or would have a negative impact on the client, then the police will be asked to transport the client to the hospital.

2. If a client is under the influence of a substance, it is unlikely that the client would benefit from the therapeutic process at that time. Therefore, when a client is noted to be impaired due to the use of an illegal drug, alcohol or prescribed medications, the therapist may terminate the session and for safety reasons also recommend the client seek transportation by another party, such as a responsible adult or taxi service.

Record Retention:

Adult client records will be maintained for a duration of 7 years after the last date of service. Records for clients under the age of 18 will be kept for a duration of 7 years after the client turns 18.

Consent to Treatment

I affirm that prior to becoming a client of Life Point Counseling, LLC, I was given sufficient information to understand the nature of therapy. I consent to participate in evaluation and treatment and I understand that I may refuse services at any time.

I understand that there is no guarantee or assurance given to me by anyone regarding the results of therapy. I am aware that the therapist will participate in case consultation, as required, at the clinic. My signature below affirms my informed and voluntary consent to receive therapy.

I confirm that I have an understanding of my client rights and responsibilities as well as the privacy policy of Life Point Counseling, LLC.

I understand that all benefits quoted to me are not a guarantee of payment by my insurance company and that final determination can only be when the claim is processed.

I authorize Life Point Counseling, LLC to send monthly statements to the responsible party and I consent for Life Point Counseling, LLC to communicate any necessary financial information (which could include copays/deductibles, DOB, etc).

I authorize appointment reminders to be via text and/or email: Yes _____ No _____

Client Printed Name: _____ Signature: _____ Date: _____

Client Date of Birth: _____

Parent/Guardian Signature (for clients under 17): _____ Date: _____