

## **INFORMED CONSENT and POLICIES**

Welcome to Lighthouse Counseling Services. What follows explains the rights and responsibilities within the therapeutic relationship (i.e. the client and therapist). It is important to be aware of the following as it helps to create the safety to take risks and the support to become empowered to change. This constitutes your informed consent regarding treatment and our administrative policies.

### **Confidentiality**

Excluding specific exceptions described below, everything you talk about in therapy, as well as the fact that you're attending therapy, will be kept confidential. Under the provisions of the Health Care Information Act of 1992, your written consent is required for me to talk to anyone about your treatment, unless in an emergency. You may choose to issue and/or revoke your consent at any time. The exceptions to confidentiality include:

- If a client is threatening serious bodily harm to another person/s.
- If a client intends to harm himself or herself.
- Suspected child abuse or dependent adult or elder abuse.

Our primary responsibility is to ensure safety whenever possible. As therapists, we are required by law to report any of these threats or behaviors in order to ensure that safety.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law requires the confidentiality of all electronic transmission of information about you for the purposes of treatment and referral, billing and collection, and operational purposes. Whenever we transmit information about you electronically (for example, sending bills or faxing information), it will be done with special safeguards to ensure confidentiality.

### **Special Notes Regarding Couples and Minors**

*Confidentiality of Minors:* A parent who consents on a minor's behalf has the right to know the content of the child's treatment. The state of affairs changes when the minor reaches the age of majority (18). Until that time, the law will normally give the parent access to the child's treatment. An important aspect of treatment is to foster the child's autonomy/independence. Our therapists request that the sessions will be confidential in order to foster the client/therapist relationship, develop trust, and to expedite the therapeutic process. Such decisions to breach confidentiality are listed above; however, when deemed in the best interest of the client, the client and therapist will work together to discuss with the parent any pertinent information that the parent should know. A person who is 14 years or older must agree with his/her parent to receiving outpatient mental health services.

*Couples therapy:* You and/or your partner may decide to engage in individual sessions as part of the couples therapy. What each individual partner says in those individual sessions will be considered part of the couples therapy and can, and probably will, be discussed in joint sessions. Do not disclose to the therapist anything you wish to keep secret from your partner. If you would like individual sessions with another therapist to protect your privacy, please let us know and we will make an appropriate referral.

## **Benefits and Risks**

Counseling can have many benefits. It can help you communicate better in relationships, feel more connected to others and create a sense of hope and direction in your life. It can help give you the tools to change your thinking, behavior and feelings to create positive outcomes in your life. You determine the nature and amount of change you wish to make.

Counseling can also involve risk. In counseling, major life decisions are sometimes made, including decisions involving separation with families, development of other types of relationships, changing employment settings and changing lifestyles. The decisions are a legitimate outcome of the counseling experience as a result of an individual's calling into question many of their beliefs and values. Furthermore, symptoms may be intensified and the emotional experience may be too intense to deal with at times. Your therapist is available to discuss any of your assumptions or possible negative side effects encountered in your therapeutic work.

## **Records**

Licensed mental health care providers are required by law to maintain records of each time we meet or talk on the phone. These records include a brief synopsis of the conversation along with any observations or plans for the next meeting. Also, in order to file for insurance reimbursement, your therapist has to assign you a diagnosis. If you have any questions about this, please talk to your therapist. If your records are subpoenaed as part of court proceedings, your therapist must comply in providing records in accordance with state statutes. The State of Wisconsin requires that records be retained for seven years, after which they are destroyed.

## **Consultation**

The therapists at Lighthouse Counseling Services are individually self-employed. However, we consult with one another about clinical matters when multiple members of a family are being seen by multiple therapists here and/or to ensure that we are providing the best possible services to our clients. We take every measure possible to preserve your right to confidentiality when doing so.

## **Additional Rights**

The client retains the following additional rights when receiving services here:

- To receive prompt and adequate treatment and responses to inquiries.
- To be informed of treatment modalities, as well as the benefits and side effects of treatment.
- To refuse treatment not desired.
- To be free from drastic, arbitrary and experimental treatment procedures, unless you consent.
- To be free from video and/or audio recording.
- To file a grievance with the state licensing board if you feel your rights have been violated.
- To have access to his/her treatment records or to have them forwarded upon written consent

\*Note: Refer to WI Statute 51.61 and WI Administrative Code HSS 94- for a full listing of patient rights.

## **Fees, Insurance and Cancellation**

The following fees reflect usual and customary charges for services. Your individual therapist will inform you verbally and/or in writing if he/she has a different fee scale.

- Initial assessment (90 min.) \$250.00
- Individual, Couples, Family Therapy Session (45-60 min.) \$175.00
- Group therapy session (varies)
- Other fees for services prorated based on regular session rate and/or depending on the service

Lighthouse Counseling Services accepts insurance reimbursements as payment for service. We will verify your benefits before your first appointment. The client is responsible for obtaining any necessary pre-authorizations and for notifying us of any changes to your insurance. The client is responsible for all charges that are not covered by insurance. Any unpaid balances must be paid within 30 days of the invoice date. We reserve the right to pursue legal remedy for any unpaid balances after 90 days. We reserve the right to charge interest on any unpaid balance each month. We reserve the right to refuse services for any patients with unsettled accounts after 90 days.

**We require at least 24-hours notice for any cancellations. Clients will be charged up to the full session rate for any late cancellations or no-shows. This fee is not covered by insurance and is the client's responsibility.**

Payments accepted include cash, check and credit card. Please write checks to the name of your specific therapist.

Please note again that you are ultimately responsible for any charges incurred. If you would like to keep credit card information on file with your individual therapist, please complete the credit card authorization form located on our website.

## **Electronic Communication and Social Media Policy**

Your therapist may communicate with you via text and email for scheduling purposes only. Text and email messages are not guaranteed to be confidential; cell phone companies and internet service providers retain logs of all messages and content may be accessible to unknown persons. If you choose to text or email your therapist, you accept this possible lack of confidentiality. Your therapist will document and retain text and email messages as part of your permanent record.

Your therapist will not accept any client invitations to connect via Facebook, LinkedIn, Twitter, Tumblr, Instagram or any other social media site. This is to protect the integrity of the therapeutic relationship as well as our mutual confidentiality and privacy.

## **Informed Consent and Policy Acknowledgement and Agreement**

I have read, understand and agree to the policies and provisions stated in this, INFORMED CONSENT and POLICIES, provided by Lighthouse Counseling Services and my individual therapist therein. My consent remains in effect until otherwise revoked by written request.

I authorize the therapists operating as Lighthouse Counseling Services to release to my insurance company any information which may be necessary to determine benefits payable under my policy, including but not limited to diagnosis, treatment procedures, and/or copies of all or part of my treatment record. I authorize my insurance company (if applicable) to make payment directly to my therapist (a.k.a. service provider) any benefits otherwise payable to me for services rendered by this professional.

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Patient Name (Printed)

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Patient Signature (ages 14 and up)

Date

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Parent/Guardian Signature (if a minor under age 18)

Date

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Therapist Signature

Date