



# ADVOCATE PSYCHOTHERAPY SERVICES

SERVING ALL OF CENTRAL WISCONSIN — TO HELP YOU FIND WHAT'S MISSING

**Toll Free:** 800-681-2374

**Mailing Address:** PO Box 959, Stevens Point, WI 54481

**Fax:** 715-952-4995

**Email:** office@advocatepsychotherapyservices.com

**Website:** www.advocatepsychotherapyservices.com

## INFORMED CONSENT FOR TREATMENT

The following is a summary of services provided at Advocate Psychotherapy Services LLC. The information details how we manage aspects of our services including patient confidentiality, treatment records, costs for services, missed appointments, and any treatment risks or concerns. In addition to reviewing and signing this form, please read carefully and sign the bottom of the “Clients Rights” form if you agree to participate in the therapy process (*it is located on the back of the cover sheet found in your initial session paperwork packet*). Also, this Informed Consent form will be valid for one year and can be withdrawn in writing at any time.

**Confidentiality:** Federal and state laws along with professional ethical standards prohibit the disclosure of any information you provide us unless we have your prior written consent. However there are a few exceptions to this law, which are as follows:

\* If your therapist believes that you or someone else is in clear and imminent danger of harm, your counselor is legally obligated to inform proper authorities and others in order to help prevent this harm from occurring.

\* If there seems to be reasonable cause to suspect that a child (*age 17 and under*) who is being seen by your counselor in the course of professional duties has been abused or neglected, or your counselor has reason to believe that a child seen in the course of professional duties has been threatened with abuse or neglect, and that the abuse or neglect of the child will occur, shall be legally required to notify the proper authorities (*as per Wisconsin statute 48.981(2)(a)*).

\* In rare cases a court may order your therapist to disclose information about you.

\* If you are under the age of 14 years, your parents or legal guardian may have access to your treatment records.

It is also possible that at some point in the future you will be required by an outside agency to sign a release allowing the agency to review your treatment records. This may occur, for example, if you apply for health or life insurance, or if you apply for licensure or certification in some professions or if you apply for employment in agencies that require a security clearance.

**Treatment records:** Records of any services you receive at the agency are maintained in the form of an Electronic Healthcare Record (EHR). The EHR is maintained by a HIPAA compliant and cloud-based company, PIMSY, in order to secure your records more securely than can be done in paper form. Digitizing the record is in response to changing health care practices at this time in the industry. Access to these files is limited to professional and administrative staff bound by confidentiality agreements. Also, counselors may choose to keep records of any treatment related communication with you in your file such as phone notes, copies of emails, and any personal notes/papers received during counseling. In an effort to provide you with the best possible services, your counselor may choose to consult with another therapist and/or an independent

psychologist or psychiatrist that may provide consulting services to our agency. Colleagues who provide such services are subject to current confidentiality restraints.

**Risks of Counseling:** Research indicates that most people who engage in counseling benefit from the experience; even so, it is possible for things to get worse before they get better. For example, it isn't uncommon for people to make changes in their interpersonal relationships as a result of counseling, and such changes can sometimes be difficult. In addition, some people who work on especially troubling issues in counseling may find it difficult to concentrate on other things immediately after their sessions. You and your therapist will work together to determine the pace and form of treatment so as to minimize the risks while maximizing progress.

**Cost for counseling:** We strive to make sure that your therapist is a preferred provider with most of the insurance carriers in our area. However, this is not always the case, so APS advises that you call to check your own eligibility for mental health services as well as your own benefits **BEFORE YOUR FIRST APPOINTMENT**. Our billed amounts for services at the agency are the same whether insurance is billed or paid directly by you\*\*. For your information, the rates for services for all therapists at APS are (lengths of sessions are approximate and based on standard billing guidelines as determined by the insurance industry):

**Initial / First Sessions: \$250.00** for 60 minutes (*includes time for clinic and filing system integration*)

**Individual Sessions: \$180.00** for 45 minutes

**Family / Conjoint Sessions: \$190** for 50 minutes

**Brief Sessions: \$120** for 30 minutes

**Extended Sessions: \$240.00** for 60 minutes

\*\*\*Please note that the "**Self Pay**" rates (*no insurance coverage*) for services provided by **Resident Therapists (\$80 / every session)** and **Therapist Interns (\$36 / every session)** are discounted at or below the average rate given by our insurance companies for preferred providers. This is because both levels of these therapists need supervision because they are not independently licensed (Resident Therapists) or are still in graduate school (Therapist Interns).

Again, please consult with your insurance company should you have any concerns whether the services at our agency will be covered. Often times, there is a discounted / reduced rate that your therapist has agreed to with the insurance company, thus saving you money on your deductible and any copay responsibilities. As assistance to you, we will bill your insurance or EAP company for services we perform. Please be aware that you will be responsible for any deductible or copay amounts and outstanding balance after the insurance benefits have determined their portion of responsibility. If you have specific questions about what your insurance company covers, the best way to find out is to use the customer service number on your card.

**Missed appointments:** Please give as much notice as possible if you have to miss an appointment. Our agency does have a policy that subjects you to a **\$60** no-show fee when one occurs. Also, if an appointment is cancelled with less than 24 hours notice, you may be subject to this charge. **After three no-shows you may be referred to another therapist than the one you were seeing or even to a new agency due to the pattern.**

**Concerns regarding our services:** Should you have any concerns about the services you receive at our agency, consider addressing them with your counselor, or the Director of the agency, Steve Johnson. If this is unsatisfactory, we can direct you to the Wisconsin Department of Health Services at:

**[www.dhs.wisconsin.gov/clientrights](http://www.dhs.wisconsin.gov/clientrights) or (608) 266-2717.** You may also contact our Client Rights Specialist (CRS) whose contact information is posted conspicuously in each therapy office location.

Client / Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_