

## INFORMATION AND CONSENT FORM

#### What is Counseling?

The process of counseling may include, but is not limited to:

- ✓ Helping you resolve personal issues
- $\checkmark$  Education concerning the root of personal difficulties
- ✓ Learning and applying new skills
- ✓ Rejecting destructive ways of thinking and behaving
- ✓ Gaining knowledge and insight concerning personal motivations
- ✓ Working through issues of woundedness and unforgiveness
- ✓ Learning to develop healthy relationships with yourself or others

Counseling may also incorporate the use of techniques from a variety of therapeutic approaches such as Solution-Focused, Cognitive Behavioral, Dialectical Behavioral, Humanistic, Mindfulness-Based as well as the application of your personal faith principles.

No guarantee is made that the counseling you receive will effect the desired results. Individual success largely depends on the intentional application of the insights, skills and knowledge the client gains through the counseling process and their willingness to be active, open, honest, and as consistent as possible with their therapist.

No one else can solve your problems for you, but through gaining knowledge, insight, understanding, and wisdom you can experience increased success in your life and relationships.

#### What your therapist expects from you: \_\_\_\_\_ (initial)

- ✓ Express concerns, ask questions
- ✓ Complete assignments
- $\checkmark$  Come to counseling free from the influence of any substances
- ✓ Pay your fees upon arriving to your session (have checks made out in advance)
- $\checkmark$  Be on time for your appointments
- ✓ Cancel 24 hours in advance (by phone or email) unless you have a serious illness or emergency (No shows and cancellations made less than 24 hours in advance will result in a \$25 missed appointment fee). After three no-shows you may be referred to a new agency due to the pattern.

#### What is counseling like?

- $\checkmark$  A safe place where you will be accepted no matter what your struggle or difficulty
- ✓ An opportunity to grow personally and spiritually
- ✓ Personally challenging
- ✓ Teaches responsibility for the things you have control over
- $\checkmark$  Most sessions are 45 to 50 minutes in length

#### What to expect from your therapist:

- ✓ Return your calls within 24 hours in most cases
- ✓ Continue to update their skills and obtain ongoing training for him/herself
- ✓ Treat you with kindness and respect
- ✓ Develop a plan with you to help you achieve your goals and objectives
- ✓ Discuss discharge planning with you as soon as clinically appropriate
- ✓ Seek confidential consultation with other professionals when appropriate
- ✓ Help you to find an appropriate referral if necessary



Public Records \_\_\_\_\_ (initial) My credentials may be verified by visiting the Wisconsin Department of Safety & Professional Services website (www.dsps.wi.gov).

**Discharge and Termination** \_\_\_\_\_ (initial) The client has the right to terminate the counseling relationship at any time. However, it is the client's best interest to discuss and plan for discharge with your counselor.

Counseling may be terminated for consistent failure to complete assignments, failure to pay fees, and failure to consistently show for scheduled appointments.

If there is a lapse in treatment for 1 month, unless arrangements have been made with your counselor, you will automatically be discharged from treatment.

### Couples Therapy (initial)

Successful marriages are based on trust. Therefore, openness and honesty are the best policy. For successful therapy there can be no secrets within couples counseling. However, sometimes there are issues that are disclosed during individual sessions that may be difficult for one spouse to disclose to the other. When that is the situation, you and your counselor will work together on the best way to share that information with your spouse.

#### **Records and Confidentiality** (initial)

The code of ethics for counselors and the state laws regulating most kinds of counseling consider personal information you discuss to be confidential. Except in a small number of situations, the helping professional may not reveal any information about you to another person without your explicit permission. Records of your treatment will be kept for seven years after your final session.

One exception to this rule includes if your fees are paid by a third party such as an insurance company, certain details of your treatment (e.g. dates of treatment, diagnosis, symptoms, progress) may be required to be revealed in order to obtain reimbursement. Most insurance companies allow you to file claims directly with them so that your employer will not see the information.

In cases where a court order has been issued and records have been subpoenaed the counselor has a legal responsibility to comply.

#### Suicidality and Abuse \_\_\_\_\_ (initial)

Another exception where counselors are legally required to disregard confidentiality involves situations where there is a potential for suicide or homicide. For example, if you reveal information that indicates a clear danger of injury to yourself or others the counselor will need to contact the appropriate authorities or family members.

Another exception to confidentiality is that all helping professionals are required by law to report any knowledge of abuse or neglect of a child or an incompetent or disabled person including suspected abuse.

Your counselor will be happy to discuss any concerns you have about the protection of the information you provide.



# Complaints \_\_\_\_\_ (initial)

If you feel you have been treated unfairly or unethically, please feel free to speak with me about the issues. If this conversation does not bring satisfactory resolution to the problem, you have the right to file a complaint with the Wisconsin Department of Safety & Professional Services (address: 4822 Madison Yards Way, Madison, WI 53705; phone: 877-617-1565; email: DSPS@wisconsin.gov).

### Access to Records \_\_\_\_\_ (initial)

As allowed by law, a client has access to their own records or to the records of their minor child(ren). This is a free service provided by this practice.

# Emergency Situations \_\_\_\_\_ (initial)

You may call me at 414-465-8101, however, please be aware that I do not provide 24-hour crisis services. If you or your child needs immediate attention, please call 911 or visit the nearest emergency room. You may also call the Milwaukee County Crisis Services at 414-257-7222.

## Fees and insurance reimbursement: \_\_\_\_\_ (initial)

Your insurance company may reimburse you for part of your fee; however, it is your responsibility to pay your fee upfront unless other arrangements are made. If you cannot pay the full fee, please ask for a sliding scale fee evaluation form and submit it to your therapist. Your fee will not be changed until the form is fully filled out and returned to your therapist for evaluation. Your fee reduction is based on the information you have provided. If you are having difficulty keeping up with the charges, please notify your counselor, and he/she will be glad to reevaluate at any time.

Type of Service	Cost for Counseling Investment
Intake Evaluation (90791)	\$200 (60 minutes)
Family/Couples Counseling (90847)	\$175 (50 minutes)
Individual Counseling (90834)	\$150 (45 minutes)
Individual Counseling (Brief) (90832)	\$100 (30 minutes)

#### **Informed Consent for Treatment:**

I authorize Paramount Counseling Services to assess, diagnose, and provide treatment procedures during the course of my treatment. My signature indicates that I have been informed of the services in the treatment plan and took part in the development of my treatment goals. I authorize Paramount Counseling Services to update the progress towards meeting these goals. I understand that I will be informed of any changes to my treatment goals.

Client's Signature	Date
Guardian's Signature	Date
Therapist's Signature	Date