



Lakeshore Wellness and Recovery, Inc

1519 E Washington St, Suite A, West Bend WI 53095
11514 Port Washington Rd, Suite 150, Mequon WI 53092
8825 S Howell Ave, Suite 101, Oak Creek WI 53154
1317 W Grand Ave, Suite 5, Port Washington WI 53074
262.323.6963

Informed Consent for Individual Therapy

Welcome to Lakeshore Wellness and Recovery, Inc. This document contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Counseling is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in counseling, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your counselor, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Goals of Counseling There can be many goals for the counseling relationship. Some of these will be long term goals such as improving the quality of your life, learning to live with mindfulness and self-actualization. Others may be more immediate goals such as decreasing anxiety and depression symptoms, developing healthy relationships, changing behavior or decreasing/ending drug use. Whatever the goals for counseling, they will be set by the clients according to what they want to work on in counseling. The counselor may make suggestions on how to reach that goal but you decide where you want to go. At the last session of counseling, we will provide you with a satisfaction survey. You may return the survey either in our office in the survey box, drop it off, or mail it back to us. You may submit anonymously.

Risks/Benefits of Counseling Counseling is an intensely personal process which can bring unpleasant memories or emotions to the surface. There are no guarantees that counseling will work for you. Clients can sometimes make improvements only to go backwards after a time. Progress may happen slowly. Counseling requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions. However, there are many benefits to counseling. Counseling can help you develop coping skills, make behavioral changes, reduce symptoms of mental health disorders, improve the quality of your life, learn to manage anger, learn to live in the present and many other advantages.

Appointments/Missed Appointments Appointments will ordinarily be 45-55 minutes in duration at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your individual appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours' notice. If you miss a session without canceling, or cancel with less than 24 hour notice, you may be required to pay for the session [unless we both agree that you were unable to attend due to circumstances beyond your control]. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

Confidentiality Your counselor will make every effort to keep your personal information private. If you wish to have information released, you will be required to sign a consent form before such information will be released. There are some limitations to confidentiality. Your counselor may consult with a supervisor or other professional counselor in order to give you the best service. In the event that your counselor consults with another counselor, no identifying information such as your name would be released. Counselors are required by law to release information when the client poses a risk to themselves or others and in cases of abuse to children or the elderly. If your counselor receives a court order or subpoena, he/she may be required to release some information. In such a case, your counselor will consult with other professionals and limit the release to only what is necessary by law.

Record Keeping Your counselor may keep records of your counseling sessions and a treatment plan which includes goals for your counseling. These records are kept to ensure a direction to your sessions and continuity in service. They will not be shared except with respect to the limits to confidentiality discussed in the Confidentiality section. Should the client wish to have their records released, they are required to sign a release of information which specifies what information is to be released and to whom. Records will be kept for at least 7 years but may be kept for longer. Records will be kept either electronically or in a paper file and stored in a locked cabinet.



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Professional Fees You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by check, cash, credit/debit card. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required. Fees are subject to change at counselor's discretion. Rates are as follows: Initial Assessment (45-50 minutes) - \$225, Individual Sessions (55-60 minutes) - \$200, Individual Session (45 minutes) - \$175, Urine Drug Screen - \$40. Assessments and individual sessions can be billed to your insurance if accepted by the clinic. Non-insured discount may apply.

Contacting Us We are often not immediately available by telephone. We do not answer our phones when we are with clients or otherwise unavailable. At these times, you may leave a message on our confidential voice mail and your call will be returned as soon as possible, but it may take a day or so for non-urgent matters. You may also email your counselor for non-urgent matters. If you feel you cannot wait for a return call or it is an emergency situation, go to your local hospital, call your local crisis line, or call 911.

Rules of Engagement in Counseling It is expected everyone follow the rules at our agency. For the safety of everyone involved, not following the rules may be grounds for discharge from counseling. Rules are as follows:

- Alcohol or drugs of any kind are not allowed to be consumed or shared with others on premises.
- Coming to session under the influence of alcohol or drugs will not be tolerated.
- Sexual activity or any intimate physical contacts between patients, guests, or staff on the premises are not allowed.
- Willful acts of aggression toward staff, other patients, or property cannot be condoned, and appropriate action to stop or curtail such behavior will be taken, including discharge from the program and/or pursuit of criminal charges.
- Dress may be casual, comfortable and reasonably modest. Clothes shall fit properly, not provocative, nor see through. Sunglasses are not to be worn inside the building, especially when meeting with your therapist.
- Weapons of any kind are not allowed for clients and guests on the premises.



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Consent to Treatment/Counseling Services

- I have been provided with complete and accurate information and time to study the information or to seek additional information concerning the proposed treatment or services including:
 - The proposed care, treatment or services;
 - The goals and potential benefits of the proposed care, treatment, or services;
 - The way the treatment is to be administered and the services are to be provided;
 - The expected treatment side effects or risks of side effects which are a reasonable possibility, including side effects or risks of side effects from medications;
 - Approximate duration and desired outcome of treatment recommended in the treatment plan;
 - Reasonable alternatives to the individual's proposed care, treatment, or services. The discussion encompasses risks and benefits related to the alternatives and the risks related to not receiving the proposed care, treatment, or services; and
 - The probable consequences of not receiving the proposed treatment and services.
- I understand that I have the right to receive a copy of this completed informed consent document upon request.
- I give my consent to the proposed treatment/services. It is further understood that this consent shall remain in force for no longer than 12 months from the date noted below. It is further understood that I may withdraw my consent to treatment at any time, but that it is assumed that this consent continues unless I inform Lakeshore Wellness and Recovery, Inc otherwise.
- Your treatment with Lakeshore Wellness and Recovery, Inc is a partnership between you and the clinical staff in addressing the mental health, behavioral and/or substance abuse problems that you are having. If there is a pattern of non-participation noted, there may a disruption in services offered or you could be referred to another agency for services.
- I have been provided, both orally and in writing, of my rights in accordance with s.51.51(1)(a), Stats. And HSS 94.
- In addition, Lakeshore Wellness and Recovery policies/procedures/expectations have been explained to me and I have received written copies of the following:

- ___ Client's Rights
- ___ Rates and Financial Responsibility
- ___ Attendance and Missed Appointments Policy
- ___ Contact Information and Availability
- ___ Assurance of Confidentiality

Your signature below indicates that you have read this Agreement and agree to its terms.

Client Signature _____ Date _____

Print Name _____

Parent/Guardian Signature _____ Date _____