

Inner Directions Counseling LLC

Meaning~Options~Empowerment

Informed Consent & Agreement for Therapy Services Wisconsin

You have the right to refuse any treatment you do not want, and the responsibility to choose a mental health provider and treatment modality which best suits your needs. You also have the right to terminate your treatment at any time for any reason. The following information is provided to help you determine if what I offer as a marriage and family therapist meets your needs as a client. This document contains important information about my therapeutic approach, my education, my fees, and your rights as a client including your rights regarding your private health information. Please read this document carefully and ask any questions that help you fully understand the contents of this disclosure statement and agreement for services.

My Education, Training, and Experience

I am a Marriage and Family Therapist licensed by the States of Wisconsin (License number 973-124), and Minnesota (License number 1959). I hold a Master's Degree in Marriage & Family Therapy from St. Mary's University of Minnesota and a certificate in Spiritual Direction from the Center for Spiritual Guidance in St. Paul, MN. I currently maintain a private practice at 111 South 1st Street, Suite 120, Madison, WI 53704 | 608-381-8423.

Therapeutic Regimen

The agreed therapeutic regimen will start on _____ for about ____ of sessions of 55-60 minutes each. It is important that you understand that reaching the agreed upon therapy goal is not guaranteed; that therapy is successful for some people, moderately successful for others, and for some not successful at all; and that the initial symptoms or problems that were presented to the therapist may initially become more intense.

Confidentiality

Your participation in therapy, the content of our sessions, and any information you provide to me during our sessions is protected by legal confidentiality. Some exceptions to confidentiality are the following situations in which I may choose to, or be required to, disclose this information:

- With your informed consent or that of your authorized representative;
- With notification to the client prior to the time the information was elicited of the use and distribution of the information;
- If necessary to prevent injury to you or to another person;
- Pursuant to a lawful order of a court of law;
- Use of case history material for teaching, therapeutic or research purposes, or in textbooks or other literature, provided that proper precautions are taken to conceal your identity;
- When required pursuant to federal or state statute; or
- If I have any other legal duty, obligation, or right to report.

I may also be required by law to disclose certain confidential information including suspected abuse of children under Wis. Stat. § 48.981 and Wis. Stat. § 940.22, or as required under Wis. Stat. § 51.37.

If you have any questions regarding your confidentiality, the limits of confidentiality, or the exceptions to confidentiality, please let me know. I will be happy to discuss this with you further.

For additional information regarding your confidentiality rights, please carefully review the attached HIPAA and Notice of Rights and Privacy Practices.

Insurance Providers

Insurance companies and other third-party payers may require that I provide them with information regarding the services I provide to you. This information may include the type of service provided, the dates and times of service, your diagnosis, treatment plan, a description of impairment, progress of therapy, and case notes and summaries. If you do not want me to provide your confidential information to your insurance company, let me know so that we can discuss alternatives.

Group Family, Couples and Marriage Counseling

If you are seeking group, family, couples, or marriage counseling, it is important you understand that I will adhere to the ethical and legal requirements of confidentiality as stated above, however, I cannot ensure that you or the other participants in group, family, couples, or marriage counseling will maintain confidentiality about your therapeutic experience including content discussed within the counseling session. In addition, in the case of family, couple, or marriage counseling the entire treatment record will be available to any and all participants in the family, couples, or marriage counseling and all participants must consent to any authorized third party disclosure.

If you have any questions about the limitations to confidentiality, or about the access to treatment records, for group, family, couple or marriage therapy, please let me know. I will be happy to discuss this with you further.

Consultation

I seek ongoing consultation from colleagues in order to provide you with the best services possible. I may disclose information about your counseling session in consultation with colleagues, in which case I will withhold your name and other easily identifiable information. I have an agreement for an agent to access my client files in order to make appropriate notification and referrals in case I am temporarily or permanently incapacitated. If you do not consent to having this person accessing your file in case of my incapacity, please let me know so that I may make alternative arrangements.

Financial Requirements

The cost of each 45 to 60 minute session (90834 is 45-50; 90837 is 53-60 minutes) is \$125 and for each 61 to 80 minute session is \$180. Payment is due at the beginning of each session. If you are unable to keep your appointment, you must give me 24 hours advance notice or you will be charged for the full cost of the therapy session missed, which must be paid before the next session. Most insurance policies do not pay or reimburse for missed appointments. Any fees charged by the bank for non-payment or returned checks will be billed to and reimbursed by you, and I any such fees will be due along with the value of the returned check before the start of the next session

Any applicable third party co-pay and/or deductible is due at time of service. It is your responsibility to pay for your therapy in full and secure reimbursement from your insurance company.

Under Wisconsin State Law, you are not liable for any fees or charges for services rendered prior to receipt of this disclosure statement.

Electronic Communications and Social Media Policy

In the regular conduct of my practice, I may make use of a cellular phone, or other portable communication device, to communicate with clients. In such cases, I will limit the information I store in any portable communication device to the least necessary. Please be aware that such forms of communication do have inherent risks to client confidentiality. If you would prefer that I do not store your name and telephone number in a portable communication device, or if you would prefer that I do not communicate with you via cellular phone, please inform me so that we can make alternative arrangements.

In order to best protect your confidentiality, I typically will communicate with clients via email for the purposes of scheduling or canceling appointments only. If you need to communicate with me via email for any other purpose, please discuss that with me in person. Professional ethics standards do not permit me to communicate with clients via personal social media.

Emergencies

I do not take evening and weekend crisis calls. If you are experiencing an emergency or crisis, please call 911 or the Crisis Line at 1-800-273-8255. In such situations, you may also go to the nearest hospital Emergency Room.

State of Wisconsin Disclosures

The State of Wisconsin requires that I provide you with the following information regarding the procedure to follow to resolve a grievance.

Persons receiving services for a mental illness, developmental disability, marital or family issues are granted certain rights by Wisconsin State Statute No. 51.61. These rights are described in "Client Rights and Grievance Procedure for Community Services" given to each client prior to the start of treatment and posted in the waiting area. Client rights may not be denied except as provided under s. 51.61 (2), Stats., or as otherwise specified in that chapter. Cause for denying or limiting a client's rights exists only when there is reason to believe the exercise of the right would create a security problem, adversely affect the client's treatment or seriously interfere with the rights or safety of others.

Complaints about my professional services can be made via phone, email, or in writing to the Department of Safety and Professional Services at the contact information below. I will not retaliate against you in any way for making such a complaint.

Department of Safety and Professional Services Division of Enforcement
PO Box 8935
Madison, WI 53708-8935
Website: <http://dsps.wi.gov>
E-Mail: web@dsps.wi.gov
Phone #: (608) 266-7482

Wisconsin law provides that "Any person who in good faith testifies before the department or any examining board, affiliated credentialing board or board in the department or otherwise provides the department or any examining board, affiliated credentialing board or board in the department with

advice or information on a matter relating to the regulation of a person holding a credential is immune from civil liability for his or her acts or omissions in testifying or otherwise providing such advice or information. The good faith of any person specified in this subsection shall be presumed in any civil action and an allegation that such a person has not acted in good faith must be proven by clear and convincing evidence."

Consent for Treatment

By signing this document, you are attesting that you have received, read, fully understand and consent to the disclosures, terms, and conditions above, and that you are consenting to participation in counseling services provided by Cherylann Ganci, MA, LMFT.

Client Signature

Date

Print Name

Cherylann Ganci, MA, LMFT

Date