

# Visions Counseling

## Informed Consent for Treatment

Thank you for choosing Visions Counseling. Visions Counseling provides solution-focused therapy to individuals, couples, and families, who are teens, adults, and seniors. Visions' prioritizes serving people at every level of social and financial status. Your spiritual perspective is respected, and will be incorporated into therapy as you desire. Efforts will be made to accommodate disabilities, or offer referrals. We extend counseling services regardless of ability to pay. Visions Counseling, Inc. is a nonprofit counseling ministry, established in February of 2000. Visions Counseling II, LLC was established in 2012 for those who have commercial insurance. Your provider, Wendi Martell-Daniels is a Wisconsin Licensed Clinical Social Worker (LCSW), Substance Abuse Counselor (SAC), and Certified Trauma Counselor. She has had certification in movement therapy (Nia) and a forgiveness process. "Informed Consent" information will help you understand what to expect as a client of Visions Counseling. It will explain communication, payment arrangement, and legal aspects of therapy.

### Office Policies:

Normal office hours include Monday through Thursday, 8:00 am to 7:00 pm, and Friday 8:00 am to 6:00 pm. Other hours, including weekends, may be available upon request. We will meet on a regular basis, usually every week or two weeks. You may be charged for any appointments you miss if you do not call within 24 hours in advance. It is your responsibility to call and reschedule another appointment if you wish to continue therapy. If you chose not to reschedule within 30 days, we will accept this as your notice that you have ended counseling with Visions and that you wish no further services.

### Rights and Responsibilities:

Your "Client Rights for Community Services" as defined by Wisconsin Statute Section 51.61(1) and HFS 94 are posted in the office. Copies of this document are available with your intake forms and by request. Please direct questions or concerns to Wendi Martell-Daniels, your therapist. If you are not satisfied with the response you receive, please ask to speak with the client rights specialist, Lynn Gabriel. She may be contacted at 715-257-9335.

### Confidentiality:

Your treatment with us will be confidential. The staff at Visions will not discuss you or your treatment and will not release records about you or your treatment without your authorization and informed consent. There are limited situations in which confidentiality might be broken. If deemed necessary to do this, please be assured we will do so in a respectful fashion and will adhere to the Minimum Necessary Standard which means we will disclose only information necessary to fulfill our legal requirements and/or to provide you with the best care possible. The following are situations in which Visions Counseling will or might disclose information about you without your consent:

- When mandated by state or federal law (e.g., to report abuse or neglect of children or vulnerable adults);
- When there is a credible threat of imminent physical harm to a readily identifiable third party or oneself;
- When compelled to do so by a judge's court order;
- When being audited by a third party payer (your insurance company);
- When being audited by the state of Wisconsin.
- In a medical emergency to medical personnel or to qualified personnel for research, audit or program evaluation;
- If your commit or threaten to commit a crime either at Visions Counseling or against any person who works for Visions Counseling;
- If you develop an outstanding balance due and have not made payment for more than 120 days, your account may be turned over to a collection agency;
- Between and among staff at Visions Counseling in an effort to collaborate and provide you with the best treatment possible; OR
- To coordinate your treatment with another healthcare provider.

If any of this becomes necessary, we will work with you, keep you informed as much as possible, and will do so respectfully.

### Responsibility for Payment:

Basic fees (per individual) at Visions Counseling are \$130 per hour. Discounted fees for same day cash payments are:  
Individual Session \$50    Couples Session \$75    Family Session \$75    Groups \$20

Visions may accept most major health insurance, and is able to bill Medicare, Medicaid, and ForwardHealth. Some managed care and insurance companies contract at different rates with Visions Counseling. Visions Counseling, Inc. is a 501©3 nonprofit organization and accepts donations of any amount toward fees when clients demonstrate financial difficulties. There is no charge for a phone call that lasts 5 minutes or less.

Therapy/Evaluation services are typically 60 minutes. Initial assessment and family sessions may extend to 1 ½ hours.

- You are responsible for all fees including deductibles and co-payments required by your policy.
- Visions Counseling will bill your primary insurance company for any fees.
- You are responsible for any balance not covered by your primary or secondary insurance.
- You are responsible for keeping your insurance information current and up to date in our files.
- Your written correspondence longer than 2 paragraphs will be read and processed in person in session.
- You may be charged \$20 for missed appointments and appointments cancelled less than 24 hours in advance.

Coordination of Care:

Visions Counseling endorses the philosophy that treatment will be most beneficial when all of your health care providers are in communication and collaborating. The supervising psychologist may meet with you at your request, or if deemed necessary by staff. With your release, we may contact and communicate with your other healthcare providers.

Staff Training and Education:

Visions Counseling supports the development, training, and supervision of professionals. Wendi Martell-Daniels may discuss your treatment with supervisor Katherine Wright, Ph.D. psychologist, or confidentially with colleagues.

Other Treatment Considerations:

Some treatment interventions, particularly experiential therapy, may involve potential risks and/or emotional discomfort (i.e. movement therapy). If the potential for risks or discomfort is present, we will discuss this potential so it can be weighed against the potential benefits. Consequences for not receiving treatment and/or alternative options will be communicated.

Emergency Services:

If you experience a life threatening emergency, such as feeling suicidal, please call 911. If you are in a mental health crisis or experience a non-life threatening emergency, please call the Crisis Line at (715) 845-4326.

To schedule or change appointments, call or text Visions cell phone (715) 551-1970. No therapy will be done by email.

To maintain confidentiality and clear communication, therapy is preferred to be conducted in person. Telehealth sessions by phone or HIPPA compliant virtual means will be provided during the CO-VID19 crisis and in emergency situations.

Refer to your treatment plan and session notes for steps toward your goals and how to problem-solve between sessions.

If you need a session, we will make every effort to see you the same day. After hours, you may ask to schedule the next day.

In the event that you are discharged from therapy for behavior that is reasonably a result of mental health symptoms, you will be notified in writing of the reasons for discharge, the effective date of the discharge, sources for further treatment, and of your right to have the discharge reviewed, prior to the effective date, by the Behavioral Health Certification Section.

In the event that treatment services are no longer provided through Visions Counseling or by Wendi Martell-Daniels, consult your local phonebook or internet for personal counselors to locate a qualified mental health provider.

Client records will be confidentially stored for 7 years after your therapy concludes or following Visions closure.

Medicare records will be stored for 10 years from the date of our final session.

This consent to treatment is effective for no longer than 15 months.

You may withdraw this consent to treatment at any time in writing.

My signature on this form acknowledges that I have read, understand, and accept the information provided on it.

\_\_\_\_\_  
Signature of Patient  
(We would like patients 12 and older to sign.)

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient Representative  
if patient is unable to sign.  
(We would like parents of children under 18 to sign.)

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date