



## **Informed Consent**

Thank you for choosing Engaging Therapies, LLC! You have the right to make an informed decision about entering into treatment. The following is some information about our counseling services, rates, hours of operation, and confidentiality. You and your counselor will work together on developing a plan that works best for you.

**Consent to Treatment:** The approach that Engaging Therapies, LLC counselors use is unique to their training and style. Our clinic provides approaches such as Solutions-Focused, Cognitive-Behavioral, Family Systems, Play Therapy, and Eclectic Therapy styles. You and your counselor will work together to develop goals based upon what you want to achieve. The duration and frequency of counseling will depend upon the goals and your individual needs. All of this information will be in a treatment plan that you will work on with your counselor and sign. Some of the risks that can be associated with counseling are an increase in uncomfortable feelings, at least at first, due to talking about problems/issues in your life. Some relationships may change, hopefully in a positive way. Change can be very positive in our lives, but can also present other challenges. Not receiving counseling can mean that things won't change, and problems or emotions will continue as they are. Some alternatives to counseling are: support groups, self-help readings and workshops. Engaging Therapies, LLC hours of operation vary according to counselor's schedules. After hours, please contact 211 or, in an emergency, call 911 or go to your local emergency room.

**Rates and Cancellation Policy:** Intake (50-60min)- \$155; 45min session- \$130; 30min session- \$97. A sliding fee scale may be applied when not utilizing insurance benefits. Please discuss a sliding-fee scale with your counselor. A 24-hour notice of cancellation must be given to your counselor via phone or email (if you have a 9am appointment, your notice should be given prior to 9am the day before). If a notice is not given at least 24 hours in advance, cancellation/no-show fee of \$50 will be assessed. Three no call/no show or late cancellation in a 30 day period subject to termination of services.

**Limits to Confidentiality:** The information given in during counseling sessions is confidential and will only be released to others with your written permission (or with the permission of a

parent/guardian of a minor). Confidentiality does have the following limits: Danger to self or others, court order, child/elder/disabled person abuse or neglect, and healthcare operations.

I hereby authorize to release any medical information necessary to process claims and I agree to assign insurance payment directly to Engaging Therapies, LLC. I certify that the insurance information supplied is correct and understand I will be responsible for any services not covered by my insurance. I also understand that any co-pay I have with my insurance plan is due at the time of services. I consent to treatment at Engaging Therapies, LLC and am aware that this consent is valid up to 15 months, and can be revoked in writing at anytime. A copy of this consent was offered to me, and I have also been offered a copy of the Wisconsin Bill of Patient's Rights, and the grievance procedure.

I also authorize Engaging Therapies, LLC to charge my credit card, and I have provided accurate credit card information, to cover the cost of my services should I be paying for group as private pay or to cover any remaining balance as a result of co-insurance or co-pays.

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Client Signature Date

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Parent/Guardian Signature Date

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Therapist's Signature Date