



Consent to Treatment Information & Notice of Privacy Practices

Christian Life Counseling is a Christian-based mental health clinic with offices in Brookfield and Germantown. Below you will read important information about our services, your role in treatment, and confidentiality. Please read it carefully and consult your therapist if you have any additional questions.

Christian Life Counseling offers both psychological assessment and Christian counseling. All therapists at our clinic subscribe to Biblical truths and have attained state required levels of education and training to be licensed to practice psychotherapy.

While we are a Christian-based counseling clinic, our clientele includes both Christians and those with other beliefs. In counseling, we make every attempt to meet our clients where they are at in their worldview and faith journey. If you or your therapist believe there is a conflict, which may limit your progress in therapy, we will help you locate another therapist with whom you may feel more comfortable.

The Process of Therapy

Your therapist will meet with you initially to take a detailed history of your presenting concern. By the end of the first or second session, your therapist will summarize his/her impressions of your case and provide you recommendations about what may benefit you the most. Your therapist is likely to provide alternative or additional treatment options, based on dynamics related to your assessment. If your therapist recognizes that you would be better served by someone else, they will discuss that with you during the initial session, or at any point during the therapy process if this becomes apparent. If you would rather work with a different provider, your therapist would be happy to assist you in your transitions to support your needs.

In many ways, therapy is a partnership between you and your therapist. You will define the problem areas to be addressed and your therapist will use his/her knowledge and training to help you make the changes you desire. This will involve a "treatment plan", in which problems, goals, and methods to achieve these goals are defined. Psychotherapy is not a passive process, but it requires your active involvement both during the therapy session and outside of your session. Your therapist will likely give you "homework", which may involve applying some of the new skills that you are learning (reading, journaling, etc.). The therapy process is more efficient when you complete such tasks suggested by your therapist. Your therapist will answer any questions regarding how assignments pertain to your situation.

Your therapy sessions will typically be 45-60 minutes in duration, averaging around 55 minutes. The first session may last longer as your therapist gathers information for the initial assessment. Frequency of sessions will be discussed between you and your therapist. Sessions may be scheduled once per week initially and may become less frequent as progress toward your goals are achieved. The process of ending therapy, called "termination," is also a valuable part of our work. Ending therapy should not be done casually, however, you or your therapist may decide to stop counseling, if it is in your best interest. If you are planning to stop therapy, it is best to inform your therapist at least one session before you are planning to stop. This allows you and your therapist to review your work together, as well as discuss any future work that may be recommended. If you are interested in taking a break from therapy, your therapist can be helpful in suggesting activities to make this break beneficial to your progress.

If you become involved in a divorce or custody dispute, we do not provide custody evaluations or expert testimony in court. Your therapist will refer you to another professional to provide these services if needed to preserve the therapeutic relationship.

Benefits and Risks of Therapy

Psychotherapy has both benefits and risks. Psychotherapy has been shown to reduce feelings of distress, create better relationships, and resolve specific problems. Risks include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger, loneliness, and helplessness that may be part of the process of change. Relationships may also be affected as you progress in psychotherapy. Sometimes, a client's symptoms may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not be effective for you.

Appointments

An appointment is a commitment to your work with your therapist. You should agree to be at your appointment on time. If you are late, your therapist will not be able to meet with you for the full time due to other appointments, and additional fees will be charged. Because your therapist holds the hour of your appointment open for you, cancellations less than 24 hours in advance will result in a fee being charged as well. Missing an appointment with no notification prior to your absence qualifies as a "no-show", and a fee will be charged. Three "no shows" in a row will result in being discharged from future services with your therapist. Most insurance companies do not pay for missed appointments so you will be responsible for this charge.

We request you do not bring children with you if they are young and need supervision. You will be unable to leave young children unsupervised in the waiting room.

Contacting Us

Our office is generally staffed from 9:00 am to 4:30 pm Monday through Thursday and 9:00 am to 3:00 pm on Friday. Please call during these hours when you are making or scheduling appointments. If you are calling outside of office hours, please leave a voicemail and our support staff will return your voicemail within one business day.

It is our policy to be as responsive to clients as possible, particularly during times of crisis. Your therapist, however, will not always be available. You may leave a message at your therapist's confidential voicemail, as emails and texts are not always guaranteed confidential. Your therapist will check voicemail at least once daily and will return your call within one business day. If you request a phone call back from your therapist in between your scheduled sessions, your therapist will be able to provide a five-minute phone call. If you need to talk for more than five minutes, you can schedule a regular in-person session.

If you have an emergency that requires immediate attention, please utilize the following information:

- National Suicide Prevention Lifeline - 800-273-8255
- Call 911, or go to nearest hospital emergency room
- Milwaukee County Crisis – 414-257-7222
- Waukesha County Crisis – 262-548-7666 (M-F, 8-4:30); 866-211-3380 (after hours)
- Ozaukee County Crisis – 262-284-7172
- Racine County Crisis – 262-638-6741
- Refer to your safety plan and assessment, which you will develop with your therapist, if needed, during treatment

Telehealth Services

We offer psychotherapy in-person, as well as through a telehealth platform. Telehealth services are not guaranteed until you and your therapist discuss the best, most effective option for your growth in psychotherapy. There may be times where your therapist decides that telehealth is not the most effective or practical platform for your time together. In this case, your therapist will ask you to utilize face-to-face sessions until it is discerned that you can return to utilizing telehealth services. Additionally, you must be located in the state of Wisconsin during the time of your telehealth appointment.

Until at least December 31, 2024, Medicare no longer requires an in-person visit within six months of an initial behavioral/mental health telehealth service.

If clinically appropriate, telehealth services may be an option if you are feeling ill, but feel well enough to engage in conversation. In this case, please contact your provider to assess your options regarding telehealth. We encourage clients to remain at home if feeling ill, in order to recover and respect the health of people in the office.

Confidentiality, Protected Health Information, and Notice of Privacy Practices

Christian Life Counseling is required by law to maintain the privacy and security of your protected health information (“PHI”). Your PHI may only be disclosed to others with your written authorization (“Authorization”), or a written authorization by legal guardians for minors, specifying to whom the information should be released and what information should be released. Therapists are required to notify you of any potentially breached PHI. Please read the following Notice of Privacy Practices (“Notice”) about your rights to your PHI.

You have the following rights regarding your PHI:

- 1. The Right to Request Limits on Uses and Disclosures of Your PHI** - You have the right to ask your therapist to not use or disclose certain PHI for treatment, payment, or health care operations purposes. Your therapist is not required to agree to your request, and your therapist may say “no” if he/she believes it would affect your health care.
- 2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full** - You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
- 3. The Right to Choose How Your Therapist Sends PHI to You** - You have the right to ask your therapist to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and he/she will agree to all reasonable requests.
- 4. The Right to See and Get Copies of Your PHI** - Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that your therapist has about you.
- 5. The Right to Get a List of the Disclosures Your Therapist Has Made** – You have the right to request a list of instances in which your therapist disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided your therapist with an authorization.
- 6. The Right to Correct or Update Your PHI** - If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that support staff or your therapist corrects the existing information or add the missing information. Your therapist may say “no” to your request, but he/she will tell you why in writing within 60 days of receiving your request.

There are certain limits to your PHI that your therapist will discuss with you. Your Authorization to disclose PHI is *NOT* required in the following circumstances:

- **In clinical consultation with your therapist's supervisor, or with another Christian Life Counseling licensed state provider** - Your therapist can use and disclose your PHI in conversation with their supervisor and/or colleagues due to clinical case consultation. Your disclosure of PHI between your therapist and his/her supervisor and/or colleagues is done so with the intent of gaining another perspective in order to decide the best course of treatment for you.
- **When needed by insurance companies** - Your therapist can use and disclose your PHI to bill and collect payment for the treatment and services provided by Christian Life Counseling.
- **When disclosure is required by state or federal law**
- **For public health activities** - PHI must be disclosed when your therapist suspects child, elder, or dependent-adult abuse, or in order to prevent or reduce a serious threat to anyone's health or safety.
- **For health oversight activities** - Including audits and investigations
- **For judicial and administrative proceedings** - Including responding to an appropriate court or administrative order, although our preference is to obtain your authorization from you before doing so.
- **For law enforcement purposes** - Including reporting crimes occurring on Christian Life Counseling's premises
- **To coroners or medical examiners** - When such individuals are performing duties authorized by law
- **For workers' compensation purposes** - Although our preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.
- **Appointment reminders and health related benefits or services** - We may use and disclose your PHI to contact you to remind you that you have an appointment.

Client Rights and Satisfaction

You have the right to follow the grievance procedure if you believe that the services you received were unsatisfactory, think that your right to privacy has been violated, or disagree with a decision made about access to your PHI. In such instances, please file a written complaint to:

Tanya Gerhard, MSW, LCSW
12630 W North Ave. Building E.
Brookfield, WI 53005.

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

1. Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201;
2. Calling 1-877-696-6775; or,
3. Visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

Christian Life Counseling and its staff will not retaliate against you if you file a complaint about our privacy practices.

Fees, Payments, and Billing

Payment for services is an important part of any professional relationship. This is even more true in therapy; one treatment goal is to make relationships and the duties and obligations they involve clear. Please see our fee schedule.

We will work with most insurance companies. Payments are generally due at the time of service. Checks, cash, and major credit cards are accepted forms of payment. Please talk with your therapist about any questions you have regarding these procedures.

Client Acknowledgment

You will be asked to sign a form acknowledging that you have received this "Consent to Treatment Information and Notice of Privacy Practices" form and agree to abide by its terms regarding treatment services and your professional relationship with your therapist. You have the right to ask additional questions about this form before you start therapy. By signing you have received and agree to the procedures stated in this form, you are not waiving any of your rights. You have the right to withdraw your consent to therapy at any time and for any reason.