



INFORMED CONSENT TO TREATMENT INFORMATION

Welcome to WLCFS-Christian Family Solutions. Thank you for choosing us to assist you. We pray that the matters you bring are resolved to the glory of our loving Lord.

WLCFS-Christian Family Solutions (founded in 1965) provides Christian counseling services in clinics and via secure video. We are committed to providing Christ-centered healing and helping services.

It is our prayer that your relationship with your Christian therapist will help you and/or your family members to gain better insight into your daily living and to grow toward a healthier, more satisfying Christian life. This requires mutual effort by both you and your therapist. Change does not happen by itself; we would fail without the strength of our gracious Lord. Living the Christian life is both a joy and a challenge for all of us.

The following is important information about our services and your treatment. Please read it carefully and feel free to ask questions about anything that is not understandable. You will be asked to sign a Client Acknowledgment Form, indicating that you understand and agree with the terms of this Informed Consent.

THE PROCESS OF THERAPY

Depending on the personalities of the client and therapist and the particular problems that the client brings, psychotherapy may vary. There are different approaches to address different problems. The currently acceptable treatment modes to help you with your specific situation will be discussed with you. Be assured that the specific approach agreed upon to help you will be a God-pleasing one. Unlike medical care, psychotherapy requires an active effort on your part. Together with the therapist, you will choose how to approach your concerns. To be successful you will have to work toward goals both during sessions and at home.

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. Side effects or risks of side effects from any psychotropic medications should be discussed with your physician. Conversely, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Your experience may be similar to or vary from those described above.

There are two main steps in psychotherapy. The first step is assessment. You and your therapist will spend time evaluating your needs and your goals and gathering pertinent information. A treatment plan will be completed and will include an initial assessment, diagnosis (as appropriate), your treatment goals, and intervention techniques to accomplish these goals. You will then need to make a decision to continue the therapy process. If you choose not to work with your therapist, your therapist will refer you to another mental health professional in your area. Therapy involves a commitment of time, energy, and money, and any questions you have about the process should be discussed whenever they arise. Should you choose to not pursue therapy or discontinue prematurely against your therapist's advice, your symptoms may return and/or worsen.

The second step is the actual therapy. While the first step usually takes 1 to 2 sessions, the actual number of sessions needed to accomplish goals for clients will vary. Some matters are quite complex, and considerable time is needed to accomplish the goals. Other situations take less time to resolve. Your therapist will make every effort to be as time and cost efficient as possible to help you resolve your concerns.

SCHEDULING APPOINTMENTS

Psychotherapy sessions typically can last 15 minutes up to an hour. The first session may last up to 1½ hours for the initial assessment. If there are other people joining you in a session, the session may also last longer. A session usually occurs once per week to begin with and then, as progress toward your goal for therapy is being made, the time between your sessions is spread out. In cases of a mental health emergency or "after hours" coverage, please call the office and follow the voicemail prompt to be connected with a professional counselor immediately. **For life-threatening situations, please call 911 or go to your nearest hospital.**

Due to the nature of therapy, your commitment to the therapy process is important and includes keeping your scheduled appointments. Our cancellation policy requires a **24-hour notice** of any cancellations (except for emergencies or other circumstances beyond your control). **If such notice is not given, you may be charged \$75 for a missed appointment.**

CONFIDENTIALITY

The therapy relationship is confidential. Your therapist cannot release any information about the therapy process without your written permission. This includes even the fact that you are a client here. Confidentiality is governed by Federal and State law, and Christian Family Solutions will abide by the law. A copy of our Privacy Practice Notice is available on our website at www.ChristianFamilySolutions.org. You may also request a written copy of this notice.

However, confidentiality does have its legal and ethical limitations. A therapist may break confidentiality if, in his/her judgment, it is necessary to protect the safety or welfare of the client or another person. If you threaten to hurt yourself or someone else, or raise suspicion of child abuse, or if a minor under the age of 16 reports sexual activity, your therapist is bound by law to report it to the proper authorities.

Your therapist may discuss your case with other Christian Family Solutions professional staff including contracted consultants for purposes of effectively coordinating treatment and/or to meet state-mandated requirements.

Finally, all state-certified mental health clinics are obligated to maintain clinical records in accordance with the respective administrative rule. Christian Family Solutions maintains an electronic record that is confidential and kept within a secure software system, which was developed for use specifically for the counseling industry. All records are not only secure but also have a redundant backup system in the event of a system malfunction. Only authorized personnel have access to these electronic records.

CONSULTATIONS AND SUPERVISION

You or your therapist may request to consult with the agency's supervising psychiatrist and/or psychologist regarding the course of your treatment. Also, as part of your therapist's ongoing professional development, s/he may be receiving supervision. Your therapist will inform you at your first meeting if s/he is being supervised. Any outside-of-clinic assessments or evaluations will be handled according to the policies and procedures of the outside source.

FEES AND INSURANCE

Sessions typically can last 15 minutes up to an hour in length with time allowed for administrative work, e.g., record-keeping and consultations. It is important for you to be prompt for your sessions; the charge will not be reduced if you are late.

The charge for each standard session begins at \$150. The actual amount is determined by the specific procedure code utilized and your therapist's credentials.

Please see our CLIENT FINANCIAL RESPONSIBILITY AGREEMENT for additional fee and payment information. You will be required to sign the CLIENT FINANCIAL RESPONSIBILITY AGREEMENT prior to receiving services at Christian Family Solutions.

CLIENT RIGHTS AND SATISFACTION

If you consider that the services you received are unsatisfactory or think your rights have been violated, you have the right to use a grievance procedure. Please contact any Christian Family Solutions counseling office for an information packet on the procedures to follow. Or you may contact the Clients Rights Specialist to request the packet: Christian Family Solutions, Attn: Clients Rights Specialist, W175 N11120 Stonewood Drive, Germantown, WI 53022. Include your name, address, and phone number. Also, each state may establish a Patient Bill of Rights. These rights are posted in our waiting room or are available as a handout.