



Information about Professional services, Practices, Policies, and Patient's Bill of Rights

Welcome to Evolve a division of Saris Counseling LLC. We are an outpatient counseling facility that provides individual, group, IOP and family counseling. Confidentiality is maintained in all services provided in accordance with Federal Regulations. Individuals are given information about professional services, practices, policies and patient's bill of right for their reference. Your length of treatment will vary depending on the nature of the problems that bring you here for services, the pace that we work at during sessions, as well as your motivation and the resources available to you to get well. Each individual has a right to terminate treatment at anytime and for any reason.

CANCELLATION AND NO SHOW POLICY:

A \$75.00 charge is billed for all appointments cancelled with less than 24 hours notice. Because insurance does not pay for missed sessions, you will be charged our current fee for missed sessions if you are using insurance to pay for therapy. This policy is in effect unless we determine that you were not able to make your appointment or give sufficient notice due to circumstances beyond your control.

No shows will be charged and billed to you at \$75.00. Because counseling sessions are in high demand and waiting lists for appointments are long, if there happens to be 3 consecutive appointment cancellations in a row your treatment will be terminated and a list of referral counselors will be provided for you.

FEES:

You are expected to pay our agreed-upon fee or your insurance deductible/co-payment by cash, check or credit card at the time of each session, unless other arrangements have been made. The fees maybe raised on a yearly basis, and that will discuss that with you ahead of time.

If you use your health insurance to help pay for your sessions, you are responsible for verifying and understanding the limits of your coverage, as well as any co-payments and deductibles. You are responsible for all service fees not covered by health insurance, all deductibles and co-payments. If, during the course of treatment, your insurance ceases to cover your sessions, you have the option of paying out-of-pocket to continue treatment with us. Counseling services will be placed on hold for any bills exceeding \$300.00. Counseling, dietitian and IOP Services will resume upon payment of outstanding bill.

Fee schedule is effective June 1 2017:

Intake assessments: \$200

For Counseling services: 45-50 minute session is \$160.00.

For Dietitian services: 1 units (15 minutes) \$40.00 per unit.

IOP (Intensive Outpatient Services: \$360 per day.

For Group Counseling Services: \$25 per group session unless otherwise noted.

We offer a reduced fee for those paying out of pocket for counseling and dietitian services current rate is \$100 per visit.

There is a fee of \$0.35 per page for record requests that must be paid in full prior to records being released. If there is an outstanding unpaid bill due for services rendered records will not be released until bill is paid in full.

CONTACTING US:

We are often not immediately available by telephone. Calls are usually returned within 24 hours during normal business time, with the exception of weekends and holidays. If you are unable to reach us and feel that you can't wait for us to return your call, contact your primary care physician, psychiatrist or the nearest emergency room and ask for the behavioral health clinician on call. You may also contact Outagamie County after hours crisis line at 731-3211, Calumet County after hours crisis line at 849-9137 or Winnebago County after hour crisis line at 722-7707. E-mail is not a secure form of communication and I cannot guarantee that the information you disclose in an e-mail will not be intercepted by a third party. Therefore, e-mail is not an appropriate means of communicating confidential or urgent information to us. E-mail is **NOT** a form of counseling and we kindly ask that you reserve all counseling related issues for your appointment. If you cannot wait until your scheduled appointment please call to reschedule for an earlier appointment. Social media like facebook, linked-in and twitter are excellent ways to stay in touch, but that is not an acceptable form of connection for counseling services—we ask that you refrain from contacting/connecting with us via these mediums. In the event of illness or death of your counselor a case transfer will be made to another qualified counselor of your choosing.

HOURS OF OPERATION:

The office is open Monday –Thursday 8am-6pm and Friday 8am-4pm. Hours for group and individual counselors will vary so please ask for current information. We are closed on major Holidays and weekends. Summer hours vary notices will be posted in late spring indicating Summer Hours.

MINORS:

If you are under the age of 18, please be aware that the law provides your parents/guardians with the right to examine your treatment records with a proper written request. Parents are also allowed to be involved in treatment, such as but not limited to informational phone calls and attendance at sessions. Minors over the age of 14 have additional rights, such as but not limited to the right to withdraw from therapy without parental consent. It is our policy to have a parent/guardian present during the entire session time for minors under the age of 16; there will be no minors dropped off and picked up for sessions due to liability reasons.

BENEFITS, RISKS AND ALTERNATIVES TO COUNSELING AND IOP:

Benefits of Counseling: Improved well being, better relationships, solutions to specific problems, a better understanding of oneself and reduced or elimination of symptoms

Alternatives to Counseling: Medications, no services, inpatient treatment, and alternative holistic practices.

Possible consequences of not receiving proper counseling: Continuation of current problems, addressing unpleasant aspects of your life, you may experience uncomfortable feelings and painful emotions and symptoms and/or an exacerbation of problems and symptoms.

When you receive services for Mental Health, Alcoholism, Drug Abuse, or Developmental Disability as an inpatient or outpatient, you have the following rights under Wis. Statute Sec. HFS 75 and HFS 6.

TREATMENT AND RELATED RIGHTS:

You have the right to be free from having unreasonable arbitrary decisions made about you, to receive prompt adequate treatment that is effective, to be informed and educated about your treatment as it relates to session duration, frequency of session and therapeutic procedures, to refuse any treatment, including medications, to refuse or to give informed consent to participate in drastic treatment or in experimental research, to a humane psychological and physical environment.

COMMUNICATION, MENTAL HEALTH RECORDS AND PRIVACY RIGHTS:

It is our ethical obligation to safeguard information we obtain about you in the course of our work together, within the limits of, or exceptions to confidentiality as law determines it. You have the right to refuse to be filmed or taped without your consent. To have your conversations with staff and all medical and health care records kept confidential in accordance with WI law, Sec.51.30, Stats.

For Individuals: To have your records released at your discretion with a properly signed and completed release of information. And to see your health care records after termination of treatment with proper notice from you in writing such as a release of information.

For Marital/couples counseling: records will only be released if both parties agree and sign a release of information or if records are requested by a court of law.

For Children/Minors: records will only be released if all legal guardians agree and sign a release of information or if records are requested by a court of law.

By law records are kept for 7 years after termination of therapy services. After 7 years the records are destroyed. If utilizing insurance to cover the cost of counseling services please be advised that most insurance carriers require disclosure of diagnosis, date of treatment and treatment plan goals in order to pay for services rendered. Be aware that a diagnosis becomes part of your permanent medical record. Please consult with your insurance carrier for more information about what is required. Additionally, to provide quality care there will be times when colleagues will be consulted for continuity of care—you will always be made privy to case consultations that occur.

There is a fee of \$0.35 per page for record requests that must be paid in full prior to records being released. If there is an outstanding unpaid bill due for services rendered records will not be released until bill is paid in full. If records are requested but there is an unpaid balance for services rendered, records will not be released until that balance is paid in full.

COURT/LEGAL PROCEEDINGS:

As a general practice, Evolve LLC **DOES NOT** provide legal testimony for criminal, expert witness and/or family/custody cases. Counseling records maybe released for court and legal proceedings if subpoenaed by a court of law only, there will be no exceptions to this. **There is a fee of \$0.35 for each page copied.** This fee must be paid in full before records are released to a court of law.

If a counselor at Evolve LLC is subpoenaed to testify in court, by law that counselor has to appear. The counselor is to be compensated by the requesting client for travel time, preparation time and testimony time. **A \$100.00 fee is charged for each hour of time spent working on the case.**

COUNSELOR CREDENTIALS:

All counselors at this facility are licensed by the State of Wisconsin and hold an advanced degree in the specialty area of Social work, Counseling or Psychology. Continuing education is a top priority so all providers attend classes, seminars, conference and the like on a regular basis. Additionally, all providers are active members of various professional organizations in their field. There are no providers on staff that prescribe medications. If medications are recommended a referral will be made to the appropriate provider of your choice.

GRIEVANCE PROCESS:

If you have any questions or complaints concerning any aspect of treatment, you are encouraged to discuss them with your counselor.

If you do not feel that your question or complaints have been resolved, you may contact the clinical director.

If you wish to discuss the matter further, you may contact the clinical director.

If you have been referred by your unified services agency, a copy of your complaint will be submitted to the appointed client's rights specialist.

If you wish to file a formal grievance or complaint, you will need to follow the general procedure (also found in the Grievance Procedure and utilize the complaint/grievance form. We will assist you in processing your complaint/grievance as requested.

GRIEVANCE PROCEDURE:

Anyone who is receiving treatment at Evolve may utilize a grievance procedure. The Grievance procedure is a way for clients to arbitrate their grievances when they believe their rights are being violated.

If a client has a grievance, they may file their complaints with the, The Clients Right's Specialist for Evolve LLC. The complaint can be filed either in writing or by personally talking to the client's rights specialist. Another person can file a grievance on behalf of the client. If a court has not found the client to be incompetent to make his or her own decisions, the other person must obtain the client's permission before filing the complaint. The Client's rights specialist has further knowledge of the grievance procedure and will supply information on the procedure to clients and staff members upon request.

If a grievance cannot be resolved in-house, the following steps may be taken to seek legal redress.

- 1) The client may seek an attorney
- 2) The client may seek the advice of the Legal Aid Society.
- 3) The client may seek the advice of the County Court Commissioner on how to proceed.

Discharge Policy:

There are circumstances under which I may be involuntarily discharged. Before Evolve, LLC can involuntarily discharge a client the clinic shall notify the client in writing of the reasons for the discharge, the effective date of the discharge, sources for further treatment, and of the client's right to have the discharge reviewed prior to the effective date of the discharge. All other discharges are performed after 30 days of no contact by the client with this office. We will make attempts by letter, phone, and or email to reach out to you prior to discharging you, however if we do not hear from you and it is over 30 days since last contact you will be discharged.

Right to Withdraw Consent:

I have the right to withdraw my consent for evaluation and/or treatment at any time by providing a written request to the treating clinician.

Expiration of Consent:

This consent to treat will expire 18 months from the date of signature, unless otherwise specified.

