

Name of Contracted Independent Provider: _____

WETZEL-RASMUSSEN COUNSELING SERVICES
W10610 Clinic Street, P.O. Box 278
Elcho, WI 54428-0278
(715) 275-3934

Client Rights and Billing Procedures

Confidentiality

Wetzel-Rasmussen Counseling Services operates under s. DHS 35, DHS 94, DHS 51, DHS 61, 42 CFR, and HIPPA confidentiality of records, which directs that public treatment facilities and service providers safeguard the confidentiality of personally identifiable information regarding the mental health treatment individuals. All Wetzel-Rasmussen Counseling Services contracted independent providers and interns signed a statement acknowledging his or her responsibility to maintain confidentiality of personal information regarding client/guardians. Interns and contracted independent licensed professional counselors in training are supervised by Natalie Wetzel-Rasmussen. Richard Immler, MD is also contracted by Wetzel-Rasmussen Counseling Services to provide consulting services to all contracted independent counselors and has signed a similar statement of confidentiality. All Wetzel-Rasmussen Counseling Services' independent contracted providers engage in peer consultation with each other.

A request for information from the client/guardian with a signed written request and accompanying identification (e.g., copy of a driver's license), through a signed release of information (ROI), or a subpoena signed by a judge shall be filled within five business days. If a request is denied, specific reasons shall be given for delaying the request. No information from treatment records may be released to any person unless there is a ROI signed by the client/guardian, a written request, and the requesting person's identification has been verified by a valid driver's license or other documentation. No information and treatment records may be re-disclosed by a recipient of the treatment record unless re-disclosure is specifically authorized by informed consent by the individual client/guardian. Treatment records shall be maintained in a secure manner and locked when not in use to ensure that unauthorized persons do not have access to the records. Whenever information from treatment records is disclosed, that information shall be limited to include only the information necessary to fill the request and the client/guardian shall be alerted to the information requested for release. The client/guardian has a right to inspect any information that has been released.

Please be advised that any electronic communications (i.e., cell phone, text, email, internet, etc.) with this agency and/or your contracted provider are not secure. Your participation in any electronic exchange signifies your acknowledgement that confidential information may be compromised in this medium.

Informed Consent

It is the policy of Wetzel-Rasmussen Counseling Services and its contracted independent providers to provide specific, complete, and accurate information, as well as the sufficient time to study the information provided or seek additional information concerning the proposed treatment or services made necessary by and directly related to the person's mental health. The following information will be provided to an individual who has requested mental health services:

1. The benefit of the proposed treatment and services
2. The way the treatment is to be administered and the services to be provided
3. The expected treatment side effects
4. Alternative treatment models and services
5. The probable consequences of not receiving proper treatment and services
6. The time period for which the informed consent is effective, which shall be no longer than 15 months from the time the consent is give, and
7. The right to withdraw the informed consent at any time in writing

**In emergency situations, verbal consent can be temporarily obtained by telephone and documented in the client/guardian's file. The verbal consent is good for 10 days, during which time informed consent shall be obtained in writing.*

Emergency Services

Name of Contracted Independent Provider: _____

Wetzel-Rasmussen Counseling Services and its contracted independent providers will provide after-hours emergency consultation and services. After-hours telephone numbers and emergency numbers will be provided to the client/guardian.

1. Mental Health Distress, Substance Use Crisis, Suicide and Crisis Lifeline:
Call 988, or Text 988, or Chat: 988lifeline.org
2. Langlade, Lincoln, and Marathon County Mobile Crisis Teams: 715-845-4326 or 800-799-0122
3. Oneida, Forest, and Vilas County Crisis Line: 888-299-1188
4. Police Emergency: 911
5. The Client/guardian's Local Emergency Room _____

Fees for Services

Wetzel-Rasmussen Counseling Services and its contracted independent providers' fee is \$350.00 per one-hour session for an individual session. The first session and evaluation is typically one and a half hours long with a fee of \$375.00. Couples and Family sessions are \$375.00. See the attached "Fees for Services" handout. It is the client/guardian's responsibility to check with their insurance(s) about whether Mental Health services at Wetzel-Rasmussen Counseling Services will be covered. Because most insurance companies do not reimburse emails, text messages, or phone calls with clients or consultation with members of the client's support group or other professionals, including but not limited to the provision of opinions for schools, doctors, the court and court testimonies, and other professional agencies, the client/guardian will be billed for these hours as they accumulate. The client/guardian is responsible for all costs of services. Wetzel-Rasmussen Counseling Services staff or its contracted independent providers will gather financial information on, or before the initial session. If the client/guardian has an insurance plan that covers Mental Health and accepts Wetzel-Rasmussen Counseling Services and/or its contracted independent providers as a "provider," the insurance company will be billed, and the client/guardian will be responsible for whatever portion of the bill the insurance company is unable to cover. If a co-pay is required, the client/guardian shall provide a co-pay before each subsequent session (after the initial session) on the day of the client/guardian's scheduled appointment. If the client/guardian qualifies, a sliding fee schedule may also be requested.

Late Payments

If the client/guardian is unable to provide Wetzel-Rasmussen Counseling Services and/or its contracted independent providers with the full fee, a partial fee will be accepted and the client/guardian will be able to receive services, while the remainder of the fee will be billed to the client/guardian. No interest will be charged for late fees. If the client/guardian does not respond to a bill by either making an attempt to pay the fee, or by communicating with Wetzel-Rasmussen Counseling Services and/or your contracted independent provider an inability to pay the fee, the bill will be sent to small claims court.

Canceling a Session

If the client/guardian is unable to keep a scheduled appointment, it is the responsibility of the client/guardian to inform Wetzel-Rasmussen Counseling Services and/or its contracted independent providers **24 to 48 hours** prior to the scheduled appointment. When a client/guardian fails to inform Wetzel-Rasmussen Counseling Services of a canceled session (no call, no show), then **the counselor or independent staff member does not get paid for the missed, one hour appointment time**. If a no call, no show occurs on three occasions, and within one calendar year, the client/guardian is no longer able to be seen as a client at Wetzel-Rasmussen Counseling Services for the remainder of the calendar year and will be referred for mental health services elsewhere.

NOTE: WHEN THE ELCHO SCHOOL IS CLOSED DUE TO WINTER WEATHER OR AREA POWER OUTAGE, THE OFFICE WILL ALSO BE CLOSED (PLEASE CONTACT YOUR COUNSELOR TO DETERMINE IF TELEHEALTH MAY BE USED). SCHOOL CLOSINGS ARE POSTED ON THE MORNING NEWS REPORTS (E.G., ON ABC AND OTHER TV & RADIO STATIONS).

Discharge Policy

A discharge evaluation including a summary of the level of treatment goal attainment will be conducted by the client/guardian's contracted independent provider within 30 days of the date of discharge from treatment. A client/guardian may be involuntarily discharged for inability to pay (after contact has

Name of Contracted Independent Provider: _____

been attempted for 90-Days by the provider) or for behavior reasonably the result of mental health symptoms (e.g. inability to attend scheduled sessions and violent threats or behaviors). A letter will be sent to the client/guardian about factors associated with the involuntary discharge. The client/guardian has a right to have the discharge reviewed, prior to the effective date of the discharge by contacting:

Behavioral Health Certification Section
Divisions of Quality Assurance
P.O. Box 2969
Madison, WI 53701-2969
FAX: (608) 261-0655

Grievance Procedure

See "Grievance Procedure," based on the service user's rights as described in the brochure, "Your Rights and the Grievance Procedure," (printed by the Department of Health and Family Services PSL-3112).

Please be aware that your counselor is a contracted independent provider who is rendering services and has their own professional liability insurance. If you have a grievance or complaint you must address it with your counselor/independent provider. Wetzal-Rasmussen Counseling Services is not responsible for the services provided by your counselor/independent provider.

Record Maintenance

The contracted independent provider shall maintain a paper and electronic treatment record of his or her interactions with the client/guardian, including any evaluations conducted and forms signed, notes regarding sessions, communications with the client/guardian or others regarding the client/guardian, court orders, letters written regarding the client/guardian, and any other information pertaining to the treatment of the client/guardian. These records shall be stored and secured for at least 7 years from the date of the end of treatment, which is 30 days from the last scheduled counseling appointment. For electronic files, the client/guardian's contracted independent provider shall use an electronic signature which may be used only by the person who makes the entry and the clinic shall possess a statement signed by the contracted independent provider that certifies only this provider shall use the electronic representation via use of a personal password. Electronic transmission of information from treatment records to information systems outside the clinic may not occur without voluntary written consent of the client/guardian unless the release of confidential treatment information is permitted under s. 51.3, Stats., or other applicable law. Transmission of information must comply with 45 CFR parts 160, 162, and 164, s. 51.30, Stats., and ch. HFS 92. All electronic records are backed up electronically.

Name of Contracted Independent Provider: _____

**WETZEL-RASMUSSEN COUNSELING SERVICES
FEES FOR SERVICES (In-Person & Telehealth)**

Service	Contracted Independent Providers	
Intake Initial Evaluation	\$375.00/hour	
Individual Session 50-60 minutes	\$350.00/hour	
Individual Session 35-49 minutes	\$300.00	
Individual Session 16-34 minutes	\$200.00	
Couple's Session	\$375.00/hour	
Family Session	\$375.00/hour	
Group Session	\$150.00/hour/person	
Observation/Off Site	\$350.00/hour	
Testimony/On or Off Site	\$350.00/hour	Hourly rate also applied for travel
Deposition/ On or Off Site	\$350.00/hour	
Consultation/Off Site	\$350.00/hour	
Phone Calls, Review of Text Messages, Emails, Our Family Wizard	\$350.00/hour	
*Additional Sessions or Collaborative Contacts	\$350.00/hour	
*Seminars, Workshops, Short Psycho- education programs or In-Services	<i>Prices vary depending on the length of the presentation, number of participants, time to develop material, handouts provided, and travel/lodging * see below</i>	

*Not all Contracted Independent Providers offer this service.

SOCIAL MEDIA AND OTHER ELECTRONIC COMMUNICATION POLICY

Please, read this policy and ask questions to understand how Wetzel-Rasmussen Counseling Services (WRCS) staff members conduct themselves on the Internet as a mental health professional, how you can expect a WRCS staff member to respond to various interactions that may be presented and that involve WRCS staff members on the Internet. If you have any questions about anything within this document, you are encouraged to bring your concern or question up when you meet with your mental health professional. As new technology develops and the Internet changes, there may be times when WRCS will need to update this policy. If the policy is updated, WRCS will notify you in writing of any policy changes and make sure you have a copy of the updated policy.

Procedure:

1. Friending
WRCS staff members do not accept friend or contact requests from current or former clients/client's guardian on any social networking site (Facebook, LinkedIn, etc.). It is the belief at WRCS that adding clients as "friends" or contacts on these sites can compromise the client and/or the client's legal guardian's confidentiality and respective privacy of the therapeutic relationship. It may also blur the boundaries of the therapeutic relationship. If you have questions about any aspect of this policy, please bring questions or concerns up when you meet with your mental health provider to talk more about it.

2. Fanning
Natalie Wetzel-Rasmussen and WRCS do not have a Facebook account after concluding that the potential risks of maintaining such a Page outweigh any potential gains. Please, report any information about fake accounts that you might encounter to WRCS.

Name of Contracted Independent Provider: _____

The American Psychological Association's Ethics Code prohibits mental health providers from soliciting testimonials from clients. It is the belief at WRCS that the term "Fan" comes too close to an implied request for a public endorsement of WRCS.

3. Following

Clients will be informed that when WRCS staff members publish a blog, website and post on other forms of social media, WRCS staff members have no expectation that a client will want to follow the staff member's blog or social media stream. However, if the client uses an easily recognizable name on social media account and a WRCS staff member happens to notice that the client followed the staff member there, this occurrence may briefly be discussed and its potential impact on the therapeutic relationship.

The primary concern is the client's privacy. If you share this concern, there are more private ways to follow a WRCS staff member on social media (such as using an RSS feed or a locked Twitter list), which would eliminate a public link to the WRCS member's content. You are welcome to use your discretion in choosing whether to follow a WRCS staff member.

You are advised to note that a WRCS staff member will not follow you back. WRCS staff members only follow other health professionals on social media and do not follow current or former clients on blogs or Twitter, etc. The belief at WRCS is that casual viewing of clients' online content outside of the therapy hour can create confusion in regard to whether it's being done as a part of a client's treatment or to satisfy the WRCS staff member's personal curiosity. In addition, viewing a client's online activities without the client's/client guardian's consent and without an explicit arrangement towards a specific purpose could potentially have a negative influence on the therapeutic relationship. If there are things from your online life that you wish to share with your mental health provider, you are encouraged to bring the topic into your session(s) where the topic would be able to be viewed and explored with your mental health provider, during the therapy hour.

4. Interacting

You are asked to please not use SMS (mobile phone text messaging) or messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact WRCS staff members (except for a return text to the front office staff if you need to change a scheduled appointment after the receipt of a text reminder of this session). **These sites are not secure, and messages may not be read in a timely fashion. You are instructed not use Wall postings, @replies, or other means of engaging with WRCS staff members in public, online platforms if the client already established a client/therapist relationship with a WRCS mental health employee. This policy informs that your engagement with WRCS staff in this way could compromise your confidentiality and that social media and electronic communications may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.**

Note: If you had a need to contact WRCS staff between sessions, the best way to do so is by phone (715-275-3934), direct email at drnat@frontiernet.net, or by postal mail:

**Wetzel Rasmussen Counseling Services
P.O. Box 278
Elcho, WI 54428**

WRCS front office staff initially receive all communications that come into the office then the information is given to the client's mental health provider. The WRCS phone number, email or by responding to reminder text messages (that are given to clients to alert her/him to her/his appointment time) is second best for quick, administrative issues such as changing appointment times. See the email section below for more information regarding email interactions.

Name of Contracted Independent Provider: _____

5. Use of Search Engines

You are informed that it is NOT a regular part of the practice at WRCS for staff members to search for clients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If a WRCS staff member has a reason to suspect that a client is in danger and the client has not been in touch with the clinic via usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find the client, find someone close to the client, or to check on the client's recent status updates) becomes necessary as part of ensuring the client's welfare. These are unusual situations and if a WRCS staff member would ever resort to such means, the search shall be fully documented and the WRCS mental health provider shall discuss it with the client at the client's next meeting.

6. Google Reader

You are informed that WRCS staff members do not follow current or former clients on Google Reader and do not use Google Reader to share articles. If there are things you may want to share with WRCS staff members that you feel are relevant to your treatment whether the information included news items or things you created, you are encouraged to bring these items of interest into scheduled sessions.

7. Business Review Sites

You are informed that you may find the WRCS psychology practice on sites such as Yelp, Healthgrades, Yahoo Local, Bing, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find the WRCS listing on any of these sites, please know that this listing is NOT a request for a testimonial, rating, or endorsement from the person as a client of WRCS.

The American Psychological Association's Ethics Code states under Principle 5.05 that it is unethical for psychologists to solicit testimonials: "Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence."

Of course, you have a right to express yourself on any site you wish. But due to confidentiality, WRCS staff members cannot respond to any review on any of these sites whether it is positive or negative. You are urged to take your own privacy as seriously as WRCS staff members take the commitment of confidentiality to you. You are informed that if you are using these sites to communicate indirectly with a WRCS staff member about your feelings about the therapeutic work that was done with your mental health provider at WRCS, there is a good possibility that the WRCS staff member may never see the posted communication.

If you are working with a WRCS mental health provider, you are encouraged to bring your feelings and reactions about the work directly into the therapy process. This can be an important part of therapy, even if you decide you and the WRCS provider are not a good fit. You are informed that the "Social Media and Other Electronic Communication" policy is not meant to keep you from sharing that you are in therapy with a WRCS therapist (a.k.a., mental health provider) wherever and with whomever you choose. Confidentiality means that a WRCS staff member cannot tell people that you are a WRCS client and the American Psychological Association's Ethics Code prohibits WRCS staff members from requesting testimonials. But you are more than welcome to tell anyone you wish that you work with a WRCS therapist or how you feel about the treatment provided at WRCS, in any forum of your choosing.

You informed that if you do choose to write something on a business review site, WRCS staff members hope you will keep in mind that you may be sharing personally revealing information in a public forum. You are urged to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection.

Name of Contracted Independent Provider: _____

If you feel a WRCS staff member did something harmful or unethical and do not feel comfortable discussing it with the WRCS staff member, you can always contact the Board of Psychology, which oversees licensing, and they will review the services the mental health provider provided:

Wisconsin Department of Safety and Professional Services
Division of Legal Services and Compliance
P.O. Box 7190
Madison, WI 53707-7190

Fax: (608) 266-2264

Email: dsps@wisconsin.gov

8. Location-Based Services

You are informed that if you use location-based services on your mobile phone that you are aware of the privacy issues related to using these services. WRCS staff members do not place WRCS as a check-in location on various sites such as Foursquare, Gowalla, Loopt, etc. However, if GPS tracking is enabled on your device, it is possible that others may surmise that you are a WRCS therapy client due to regular check-ins at WRCS on a weekly basis. Please be aware of this risk if you intentionally “checks in,” from WRCS or if you have a passive LBS app enabled on your phone.

9. Email

You are informed that it is the preferred WRCS policy for clients to use phone, email or respond to reminder text messages only to arrange or modify appointments. The client will be asked to please not email (or text) WRCS staff members content related to the client’s therapy sessions, as email (and text) is not completely secure or confidential. **If you choose to communicate with WRCS staff members by email, be aware that all emails are retained in the logs of the client and the WRCS Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You are informed that any emails received by WRCS staff members from you and any responses that WRCS staff members send to you become a part of your legal record.**

10. Conclusion

Thank you for taking the time to review the WRCS Social Media and Other Electronic Communication Policy. If you have questions or concerns about any of these policies and procedures or regarding potential interactions with WRCS staff members on the Internet, do bring them to the attention of a WRCS mental health provider so that the issue can be discussed.

I have been given a copy of *Client Rights and Billing Procedures, the Grievance Procedure and the SOCIAL MEDIA AND OTHER ELECTRONIC COMMUNICATION POLICY* handout for the services provided by Wetzel-Rasmussen Counseling Services. I will read the material and contact Wetzel-Rasmussen Counseling Services or the above named contracted independent provider if I have any questions.

Client Name: _____ **Parent/Guardian:** _____

Print

Print

Signature: _____ **Signature:** _____

Date: _____ **Date:** _____