

INFORMED CONSENT FOR TREATMENT INFORMATION

Welcome to the Clinic for Christian Counseling, LLC (CCC). Thank you for choosing CCC to assist you. We pray that the matters you bring are resolved to the glory of our loving Lord. CCC, founded in 2006, is a Christian counseling service committed to providing Christ-centered healing and helping services. It is our prayer that your relationship with your Christian mental health provider will help you and/or your family members to gain better insight into your daily living and to grow towards a healthier more satisfying Christian life. This requires mutual effort by both you and your mental health provider. 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.

Please know that as a State of Wisconsin certified mental health facility, CCC adheres to ethical and legal standards which state our mental health providers will not force our own values and beliefs onto our clients.

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.

THE PROCESS OF THERAPY

Depending on the personalities of both the consumer and provider and the issues that the consumer brings to therapy, psychotherapy services may vary. There are different approaches to addressing 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. You have the right and responsibility to work together with your provider to choose how to approach your concerns. To be successful you will have to work toward goals both during sessions and at home.

There are two main steps in psychotherapy. The first step is intake and assessment. You and your provider will spend time evaluating your needs, 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 decide to continue the therapy process with your provider. If you choose not to work with your provider, your provider will refer you to another mental health professional in your area. Therapy involves a commitment of time, energy, and money. Any questions you have about the process should be discussed whenever they arise. Should you choose not to pursue therapy or discontinue prematurely against your provider's advice, your symptoms may return and/or worsen. The second step is actual therapy. While the first step usually takes 1 to 2 sessions, the actual number of sessions needed to accomplish goals for consumers will vary. Some matters are quite complex, and considerable time is needed to accomplish the goals. Other situations take less time to resolve. Your provider will make every effort to be as time and cost efficient as possible to help you resolve your concerns.

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 increased uncomfortable feelings such as sadness, guilt, anxiety, anger, loneliness, and helplessness that may be part of the process of change.

Research indicates that most people who engage in counseling benefit from the experience; even so, it is possible for things to get worse before they get better. Additionally, some people who work on especially troubling issues in counseling may find it difficult to concentrate on other things immediately after their sessions. Relationships may also be affected. You and your mental health provider will work together to determine the pace and form of treatment to minimize the risks while

maximizing progress. Side effects or risks of side effects from any psychotropic medications should be discussed with your physician.

Per State of Wisconsin DHS 75.24(9) As a state certified health facility, CCC Staff will discuss risk factors for communicable disease with each client upon admission and at least annually when continuing services and shall include in a discussion of behaviors that could lead to sexually transmitted disease (STDs), human immunodeficiency virus (HIV), hepatitis B and C or tuberculosis (TB).

SCHEDULING APPOINTMENTS

CCC business hours are 9:00 a.m. to 5:00 p.m., Monday through Thursday, and 9:00 am to 12:00 pm on Fridays. Please call during these hours to make or change appointments, if have questions regarding your bill, insurance, etc. Some evening hours are also available for therapy. Please call for availability.

Psychotherapy typically occurs in 45-minute blocks of time. A session usually occurs once per week or every other 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 case of emergency or 'after hours' coverage, please call the office and the out-going voice-mail message will give you directions of who to contact for assistance.

Due to the nature of therapy, your commitment to the therapy process is important and includes keeping your scheduled appointments. Our cancellation policy requires 24-hour notice of any cancellations (except for emergencies or other circumstances beyond your control such as illness which prevents attendance at work or school). **If such notice is NOT given, a \$75.00 fee will be charged to you and not to your insurance.** Also, any future appointments already scheduled will be cancelled – this includes lack of notice for initial sessions. You will need to contact your provider to discuss scheduling your next appointment. It is also important for you to be prompt for your sessions; the charge will not be reduced if you are late.

TELEHEALTH SERVICES

To use telehealth, you need an internet connection and a device with a camera for video. Your Provider can explain how to log in and use any features on the telehealth platform. If telehealth is not a good fit for you, your Provider will recommend a different option. There are some risks and benefits to using telehealth:

Risks – 1) Privacy and Confidentiality. You may be asked to share personal information with the telehealth platform to create an account, such as your name, date of birth, location, and contact information. Your Provider carefully vets any telehealth platform to ensure your information is secured to the appropriate standards. 2) Technology. At times, you could have problems with your internet, video, or sound. If you have issues during a session, your Provider will follow the backup plan that you agree to prior to sessions. 3) Crisis Management. It may be difficult for your Provider to provide immediate support during an emergency or crisis. You and your Provider will develop a plan for emergencies or crises, such as choosing a local emergency contact, creating a communication plan, and making a list of local support, emergency, and crisis services.

Benefits – 1) Flexibility. You can attend therapy wherever is convenient for you. 2) Ease of Access. You can attend telehealth sessions without worrying about traveling, meaning you can schedule less time per session and can attend therapy during inclement weather or illness.

Recommendations – 1) Make sure that other people cannot hear your conversation or see your screen during sessions. 2) Do not use video or audio to record your session unless you ask your Provider for their permission in advance. 3) Make sure to let your Provider know if you are not in your usual location before starting any telehealth session.

CONFIDENTIALITY

The therapy relationship is confidential. Your provider cannot release any information about your therapy without your written permission. This includes the fact that you are a consumer receiving services at CCC. Confidentiality is governed by Federal and State law and CCC will abide by the law.

Confidentiality does have its legal and ethical limitations. A mental health provider may break confidentiality if, in his/her judgment, it is necessary to protect the safety or welfare of you (the consumer) or another person. If you threaten to hurt yourself or someone else, or raise suspicion of child abuse, your provider will report it to the proper authorities. In addition, your provider may discuss your case with other CCC professional staff and contracted consultants for the purpose of providing effective treatment.

When a couple seeks marital therapy, the therapy notes are 'owned' by the couple. The signatures of both participants will be required to release information to either party and/or third parties such as attorneys. Regarding confidentiality of minor clients, both parents will be asked to sign the Parental Approval and Safe Harbor Agreement stating they understand their child's therapy is for the express purpose of helping their child and agree with their child's provider to create a Safe Harbor for therapy to proceed.

Mental Health Providers at CCC reserve the right to determine whether they choose to provide letters or documentation for clients regarding assessment of emotional support animals or leave of absence from work or school due to mental health issues. Clients will need to provide written permission for providers to disclose any information to a third party. It is recommended for best results regarding concerns to consult a psychologist or psychiatrist who is certified to assess and make recommendations for those concerns.

COMMUNICATION

Communication with your mental health provider outside of your sessions for your confidentiality is limited to two methods:

1) CCC phone number and your provider's extension

2) secure messaging through your patient portal

These secure communication methods are the best way to communicate personal information, though no method is entirely without risk. If you decide you prefer to be contacted via non-secure methods, your mental health provider will document this in your record.

It is not recommended to use the following methods to communicate with your mental health provider for the reasons provided below:

Email and Texts - email is not a secure method of communication and should not be used to communicate personal information. Please use messaging in your CCC patient portal to communicate with CCC staff. You may choose to receive appointment reminders via text message or email. You should carefully consider who may have access to your text messages or emails before choosing to communicate via either method. Please note that CCC staff is not able to communicate with you via text due to confidentiality.

Social Media/Review Websites - If you try to communicate with your Provider via these methods, they will not respond. This includes any form of friend or contact request, @mention, direct message, wall post, and so on. This is to protect your confidentiality and ensure appropriate boundaries in therapy. If you see your Provider on any form of review website, it is not a solicitation for a review. Many such sites scrape business listings and may automatically include your Provider. If you choose to leave a review of your provider on any website, your provider will not respond. While you are always free to express yourself in the manner you choose, please be aware of the potential impact on your confidentiality prior to leaving a

review. It is often impossible to remove reviews later, and some sites aggregate reviews from several platforms leading to your review appearing other places without your knowledge.

AVOIDING DUAL RELATIONSHIPS

The counseling relationship you have with your mental health provider is a professional relationship, and therefore, it should not become a social or business relationship at any time. This type of dual affiliation could be detrimental to the counseling process. Therefore, please do not invite your mental health provider to social events, send friend requests on social media, give presents, or solicit for business or fundraising. If your mental health provider encounters you outside of the counseling setting, the provider will not acknowledge the existence of a relationship unless you initiate interaction first.

FEES AND INSURANCE

The fees for a licensed master level provider are as follows: first (assessment) session - \$240.00, individual sessions that follow - \$160.00 and conjoint sessions (i.e. family, couple therapy) with / without client - \$180.00. Marriage counseling (no diagnosis for either partner or not billed to third party such as insurance) - \$150.00. These fees are for a 45-minute session. The fees for a master level provider in training are the same as those for a licensed provider. The fee for working with a master level student intern in their first semester is \$25 for a 45-minute session. The fee for working with a master level student intern in their second semester is \$50.00 for a 45-minute session. The fee for therapy with a student intern cannot be covered by private insurance, Medicaid, or Medicare. All providers in training at CCC work under the supervision of a qualified clinical supervisor.

CCC billing is divided into two categories:

Non-insured/private pay services - Payment for services is due on the day of the scheduled appointment. Checks are to be made out to CCC. Credit card payments can be made at CCC office during business hours or on the patient portal at any time.

Insured services - You will be asked to sign a form giving CCC permission to release sufficient personal health care information to file the claim with your health insurance company. Your health insurance may cover all or a portion of the fee for counseling services. CCC staff cannot guarantee payment from your insurance company. To avoid disappointment, we recommend you contact your insurance company to make certain that your health insurance will cover mental health counseling services BEFORE attending the initial appointment. As you know, most insurance companies pay only a portion of the services provided. Further, consumers must realize that professional services are rendered to a person, not to the insurance company. Hence, the insurance company is responsible to the consumer, and the consumer is responsible to CCC. CCC cannot render services on the assumption that the charges will be paid by the insurance company. Should there be a dispute related to the service provided or the charge for that service, the settlement of that dispute is between you and your insurance carrier. Our office will not be involved in the settlement of such disputes. The final financial responsibility for the services provided to you is yours.

It is our practice to receive payment for private pay, co-pays, co-insurance, and deductibles at the time of your visit.

You will receive monthly statements via text for paperless billing or via mail that will notify you of any balance on your account. Unless prior arrangements are made, past due balances may be submitted to a third party, such as a collection agency or attorney, for collection. Past due is defined as over 30 days delinquent from the date of billing. CCC reserves the right to determine when a past due account is referred to a third party for collection.

No Surprises Act – Effective January 1, 2022, the No Surprises Act, which US Congress passed as part of the Consolidated Appropriations Act of 2021 was designed to protect clients from surprise bills for emergency services at out-

of-network facilities or for out-of-network providers at in-network facilities, holding them liable only for in-network cost-sharing amounts.

Good Faith Estimate (GFE) – Clients without insurance or those who are self-pay, will be given an estimate of the cost for services. For questions or more information about the No Surprises Act or Good Faith Estimate, visit <https://www.cms.gov/nosurprises> or call the Centers for Medicare & Medicaid Services (CMS) at 1-800-985-3059.

EMERGENCY SERVICES

When CCC is closed, an outgoing voice mail message will provide the consumer with options to call 988 (suicide emergency), call 911 (emergency), call Northwest Connections at 1-888-552-6642, or go to the nearest hospital for help. For consumers currently being served by CCC and are at risk of hurting themselves, the consumer's provider will work with the consumer to develop a specific action plan to follow when emergency services are needed by the consumer.

LEGAL MATTERS

In the event a provider is subpoenaed to testify in court and the consumer does not want their privileged and confidential information released to the court and will not sign a release of information form to allow this, all legal costs to prevent the release of information, including attorney's fees to represent CCC, will be the responsibility of the consumer. Also, all costs incurred for deposition and court testimony including travel time, cost for travel, preparation time including time spent with legal representation for CCC, time waiting to testify, and testifying time will be the responsibility of the consumer. Time spent communicating with the consumer's attorney, either written (e.g. drafting a letter) or verbal, will be the responsibility of the consumer. Time will be billed at \$180 per hour. Mileage will be billed at fifty cents per mile. Paper copies of records will be billed at the following rates: \$1 per page for the first 25 pages; 75 cents per page for pages 26 to 50; 50 cents per page for pages 51 to 100; and 30 cents per page for pages 101 and above. A retainer of \$1200 is due in advance of giving testimony or communicating with an attorney regarding testimony. A minimum non-refundable charge for a court appearance, including time waiting to testify, is \$1200. If the case is rescheduled without a minimum of 72-hour notice, the client will be charged an additional \$500 (in addition to the \$1200). Any payment owed above and beyond the retainer is due within 30 days of service.

Composing letters for consumers regarding matters within a provider's scope of practice will be billed at \$180 per hour and will be the financial responsibility of the consumer.

ALCOHOL / DRUGS

If, in the judgment of the consumer's mental health provider, the consumer appears intoxicated due to alcohol and / or drugs, the provider may choose to discontinue the session. The normal fee for the session will be billed to the client and not to insurance, if applicable.

INVOLUNTARY DISCHARGE

A consumer may be involuntarily discharged by their mental health because of the consumer's inability to pay for services or behavior that is a safety risk for staff or other consumers of CCC. Before CCC involuntarily discharges a consumer, mental health provider will do the following: notify the consumer in writing of the reasons for the discharge, the effective date of the discharge, sources for further treatment, and the consumer's right to have the discharge reviewed by the subunit of the Department that certifies mental health facilities in the State of Wisconsin.

CONSUMER RIGHTS AND SATISFACTION

If you believe your mental health provider has engaged in improper or unethical behavior, you can talk to them, or you may contact the clinic administrator at Clinic for Christian Counseling LLC, the licensing board that issued your Provider's license, your insurance company (if applicable), and/or the US Department of Health and Human Services.

If you consider the counseling services you received to be unsatisfactory or think your rights have been violated, you have the right to use State of Wisconsin grievance procedures. Please contact the CCC office for information on the procedures to follow. Include your name, address, and phone number. Also, the State of Wisconsin has established a Patient Bill of Rights. (Statute Section 51.61). These rights are posted in our waiting room and included in your intake information.

CONSUMER ACKNOWLEDGMENT

This form will be provided at your initial session or via your online patient portal. Your signature via the patient portal or in-person on the client acknowledgment form means you agree to abide by its stated terms regarding the cost/charges for care and treatment services and appropriate boundaries during your professional relationship with your mental health provider.

The time frame for this informed consent shall be one year. At the end of this time frame this material will be shared with you again and your informed consent through your signature will be obtained. You have the right to withdraw informed consent at any time, in writing. Withdrawing informed consent will, in effect, terminate therapy.



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Clinic for Christian Counseling LLC (the “Practice”) is committed to protecting your privacy. The Practice is required by federal law to maintain the privacy of Protected Health Information (“PHI”), which is information that identifies or could be used to identify you. The Practice is required to provide you with this Notice of Privacy Practices (this “Notice”), which explains the Practice's legal duties and privacy practices and your rights regarding PHI that we collect and maintain.

YOUR RIGHTS

Your rights regarding PHI are explained below. To exercise these rights, please submit a written request to the Practice at the address noted below.

To inspect and copy PHI.

- You can ask for an electronic or paper copy of PHI. The Practice may charge you a reasonable fee.
- The Practice may deny your request if it believes the disclosure will endanger your life or another person's life. You may have a right to have this decision reviewed.

To amend PHI.

- You can ask to correct PHI you believe is incorrect or incomplete. The Practice may require you to make your request in writing and provide a reason for the request.
- The Practice may deny your request. The Practice will send a written explanation for the denial and allow you to submit a written statement of disagreement.

To request confidential communications.

- You can ask the Practice to contact you in a specific way. The Practice will say “yes” to all reasonable requests.

To limit what is used or shared.

- You can ask the Practice not to use or share PHI for treatment, payment, or business operations. The Practice is not required to agree if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask the Practice not to share PHI with your health insurer.
- You can ask for the Practice not to share your PHI with family members or friends by stating the specific restriction requested and to whom you want the restriction to apply.

To obtain a list of those with whom your PHI has been shared.

- You can ask for a list, called an accounting, of the times your health information has been shared. You can receive one accounting every 12 months at no charge, but you may be charged a reasonable fee if you ask for one more frequently.

To receive a copy of this Notice.

- You can ask for a paper copy of this Notice, even if you agreed to receive the Notice electronically.

To choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights.

To file a complaint if you feel your rights are violated.

- You can file a complaint by contacting the Practice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. The Practice will not retaliate against you for filing a complaint.

To opt out of receiving fundraising communications.

- The Practice may contact you for fundraising efforts, but you can ask not to be contacted again.

To file a complaint or exercise your rights, contact the practice using the information below:**Clinic for Christian Counseling LLC**

3410 Oakwood Mall Drive, Suite 700, Eau Claire, WI 54701

Privacy Officer - Kimberly Stein

715-832-1678

OUR USES AND DISCLOSURES**1. Routine Uses and Disclosures of PHI**

The Practice is permitted under federal law to use and disclose PHI, without your written authorization, for certain routine uses and disclosures, such as those made for treatment, payment, and the operation of our business. The Practice typically uses or shares your health information in the following ways:

To treat you.

- The Practice can use and share PHI with other professionals who are treating you.
- Example: Your primary care doctor asks about your mental health treatment.

To run the health care operations.

- The Practice can use and share PHI to run the business, improve your care, and contact you.
- Example: The Practice uses PHI to send you appointment reminders if you choose.

To bill for your services.

- The Practice can use and share PHI to bill and get payment from health plans or other entities.
- Example: The Practice gives PHI to your health insurance plan so it will pay for your services.

2. Uses and Disclosures of PHI That May Be Made Without Your Authorization or Opportunity to Object

The Practice may use or disclose PHI without your authorization or an opportunity for you to object, including:

To help with public health and safety issues

- Public health: To prevent the spread of disease, assist in product recalls, and report adverse reactions to medication.
- Required by the Secretary of Health and Human Services: We may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.
- Health oversight: For audits, investigations, and inspections by government agencies that oversee the

health care system, government benefit programs, other government regulatory programs, and civil rights laws.

- Serious threat to health or safety: To prevent a serious and imminent threat.
- Abuse or Neglect: To report abuse, neglect, or domestic violence.

To comply with law, law enforcement, or other government requests

- Required by law: If required by federal, state or local law.
- Judicial and administrative proceedings: To respond to a court order, subpoena, or discovery request.
- Law enforcement: For law locate and identify you or disclose information about a victim of a crime.
- Specialized Government Functions: For military or national security concerns, including intelligence, protective services for heads of state, or your security clearance.
- National security and intelligence activities: For intelligence, counterintelligence, protection of the President, other authorized persons or foreign heads of state, for purpose of determining your own security clearance and other national security activities authorized by law.
- Workers' Compensation: To comply with workers' compensation laws or support claims.

To comply with other requests

- Coroners and Funeral Directors: To perform their legally authorized duties.
- Organ Donation: For organ donation or transplantation.
- Research: For research that has been approved by an institutional review board.
- Inmates: The Practice created or received your PHI in the course of providing care.
- Business Associates: To organizations that perform functions, activities or services on our behalf.

3. Uses and Disclosures of PHI That May Be Made With Your Authorization or Opportunity to Object Unless you object, the Practice may disclose PHI:

- To your family, friends, or others if PHI directly relates to that person's involvement in your care.
- If it is in your best interest because you are unable to state your preference.

4. Uses and Disclosures of PHI Based Upon Your Written Authorization

The Practice must obtain your written authorization to use and/or disclose PHI for the following purposes:

- Marketing,
- Sale of PHI, or
- Psychotherapy notes.

5. Use and Disclosure of Substance Use Disorder Records Subject to 42 CFR Part 2:

(A) If applicable, your substance use disorder (“SUD”) records are protected by federal law under 42 C.F.R. Part 2 (“Part 2”). This law provides extra confidentiality protections and requires a separate patient consent for the use and disclosure of SUD counseling notes. Each disclosure made with patient consent must include a copy of the consent or a clear explanation of the scope of the consent. It must also be accompanied by a written notice containing the language in 42 CFR Part 2.32(a). Disclosure of these records requires your explicit written consent, except in limited circumstances such as:

- Medical Emergencies: to the extent necessary to treat you,
- Reporting Crimes on Program Premises,

- Child Abuse Reporting: In connection with incidents of suspected child abuse or neglect to appropriate state or local authorities, and
- Fundraising: We will provide you with an opportunity to decline to receive any fundraising communications prior to making such communications. You may revoke this consent at any time.

(B) Prohibitions on Use and Disclosure of Part 2 Records:

SUD records received from programs subject to Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested SUD record is used or disclosed. If SUD records are disclosed to us or our business associates pursuant to your

written consent for treatment, payment, and healthcare operations, we or our business associates may further use and disclose such health information without your written consent to the extent that the HIPAA regulations permit such uses and disclosures, consistent with the other provisions in this Notice regarding PHI.

You may revoke your authorization, at any time, by contacting the Practice in writing, using the information above. The Practice will not use or share PHI other than as described in Notice unless you give your permission in writing.

OUR RESPONSIBILITIES

- The Practice is required by law to maintain the privacy and security of PHI.
- The Practice is required to abide by the terms of this Notice currently in effect. Where more stringent state or federal law governs PHI, the Practice will abide by the more stringent law.
- The Practice reserves the right to amend Notice. All changes are applicable to PHI collected and maintained by the Practice. Should the Practice make changes, you may obtain a revised Notice by requesting a copy from the Practice, using the information above, or by viewing a copy on the website www.cccwi.org
- The Practice will inform you if PHI is compromised in a breach.

This Notice is effective on 06/01/2026.



Clinic for Christian Counseling

Mission Statement

The mission of Clinic for Christian Counseling, LLC is to provide Christ-centered, Bible-based counseling services with the purpose of helping people deal with life's struggles and challenges.

Statement of Beliefs

We believe in the Triune God, one God eternally existent in three persons: Father, Son, and Holy Spirit (Matt. 28:19)

We believe that the Bible is the inspired (2 Pet. 1:21), inerrant (1 Cor. 2:13), infallible (Jn. 10:35), and completely authoritative (2 Tim. 3:16) Word of God.

We believe that all people are sinners by nature and activity (Ps. 51:5) and unable to reconcile themselves to God by any human efforts (Eph. 2:1, Rom. 3:9-18).

We believe that salvation is by God's grace and action alone (Eph. 2:8-9) accomplished through His Son, Jesus Christ (Jn. 3:16, Acts 4:12, Gal. 4:4-5).

We believe that Jesus Christ is the eternal Son of God, who became man, lived the perfect life that God requires, died a substitutionary death, and rose again from the dead to atone for the sins of the whole world (Col. 2:9, Acts 2:23-24, 1 Pet. 3:18).

We believe that Jesus shall return visibly and bodily to judge all people. While unbelievers will be condemned to an eternity in hell, those who believe in Jesus will live with Him forever. (Mk. 13:26, Jn. 5:27-29).

We believe that it is by the working of the Holy Spirit through the Means of Grace that people receive faith in Jesus as their Lord and Savior (1 Cor. 12:3).

The Holy Spirit gives believers the wisdom and strength to walk according to His will. (Phil. 2:13, Gal. 5:16-25, Is. 41:10).

- If you and the program manager agree with the CRS's report and recommendations, the recommendations shall be put into effect within an agreed upon time frame.
- You may file as many grievances as you want. However, the CRS will usually only work on one at a time. The CRS may ask you to rank them in order of importance.

Program Manager's Decision

If the grievance is not resolved by the CRS's report, the program manager or designee shall prepare a written decision within 10 days of receipt of the CRS's report. You will be given a copy of the decision.

County Level Review

- If you are receiving services from a county agency, or a private agency and a county agency is paying for your services, you may appeal the program manager's decision to the County Agency Director. You must make this appeal within 14 days of the day you receive the program manager's decision. You may ask the program manager to forward your grievance or you may send it yourself.
- The County Agency Director must issue his or her written decision within 30 days after you request this appeal.

State Grievance Examiner

- If your grievance went through the county level of review and you are dissatisfied with the decision, you may

appeal it to the State Grievance Examiner.

- If you are paying for your services from a private agency, you may appeal the program manager's decision directly to the State Grievance Examiner.
- You must appeal to the State Grievance Examiner within 14 days of receiving the decision from the previous appeal level. You may ask the program manager to forward your grievance to the State Grievance Examiner or you may send it yourself. The address is: State Grievance Examiner, Division of Mental Health and Substance Abuse Services (DMHSAS), PO Box 7851, Madison, WI 53707-7851.

Final State Review

Any party has 14 days of receipt of the written decision of the State Grievance Examiner to request a final state review by the Administrator of the Division of Mental Health and Substance Abuse Services or designee. Send your request to the DMHSAS Administrator, P.O. Box 7851, Madison, WI 53707-7851.

You may talk with staff or contact your Client Rights Specialist, whose name is shown below, if you would like to file a grievance or learn more about the grievance procedure used by the program from which you are receiving services.

Your Client Rights Specialist is:

Joshua Lipps
575 Lester Ave., Suite 100
Onalaska, WI 54650
608-783-1452

NOTE: There are additional rights within sec. 51.61(1) and DHS 94, Wisconsin Administrative Code. They are not mentioned here because they are more applicable to in-patient and residential treatment facilities. A copy of sec. 51.61, Wis. Stats. And/or DHS 94, Wisconsin Administrative Code is available upon request.



STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
Division of Mental Health &
Substance Abuse Services
www.dhs.wisconsin.gov
P-23112 (12/2008)

Client Rights and the Grievance Procedure for Community Services*

for Clients Receiving Services in Wisconsin for Mental Illness, Alcohol or Other Drug Abuse, or Developmental Disabilities

*The term Community Services refers to all services provided in non-inpatient and non-residential settings.

CLIENT RIGHTS

When you receive any type of service for mental illness, alcoholism, drug abuse, or a developmental disability, you have the following rights under Wisconsin Statute sec. 51.61 (1) and DHS 94, Wisconsin Administrative Code:

PERSONAL RIGHTS

- You must be treated with dignity and respect, free from any verbal, physical, emotional or sexual abuse.
- You have the right to have staff make fair and reasonable decisions about your treatment and care.
- You may not be treated unfairly because of your race, national origin, sex, age, religion, disability or sexual orientation.
- You may not be made to work except for personal housekeeping chores. If you agree to do other work, you must be paid.
- You may make your own decisions about things like getting married, voting and writing a will, if you are over the age of 18, and have not been found legally incompetent.
- You may use your own money as you choose.
- You may not be filmed, taped or photographed unless you agree to it.

TREATMENT AND RELATED RIGHTS

- You must be provided prompt and adequate treatment, rehabilitation and educational services appropriate for you.

- You must be allowed to participate in the planning of your treatment and care.
- You must be informed of your treatment and care, including alternatives to and possible side effects of treatment, including medications.
- No treatment or medication may be given to you without your written, informed consent, unless it is needed in an emergency to prevent serious physical harm to you or others, or a court orders it. [If you have a guardian, however, your guardian may consent to treatment and medications on your behalf.]
- You may not be given unnecessary or excessive medication.
- You may not be subject to electroconvulsive therapy or any drastic treatment measures such as psychosurgery or experimental research without your written informed consent.
- You must be informed in writing of any costs of your care and treatment for which you or your relatives may have to pay.
- You must be treated in the least restrictive manner and setting necessary to achieve the purposes of admission to the program, within the limits of available funding.

RECORD PRIVACY AND ACCESS

Under Wisconsin Statute sec. 51.30 and DHS 92, Wisconsin Administrative Code:

- Your treatment information must be kept private (confidential), unless the law permits disclosure.
- Your records may not be released without your consent, unless the law specifically allows for it.
- You may ask to see your records. You must be shown any records about your physical health or medications. Staff may limit how much you may see of the rest of your treatment records while you are receiving services. You must be informed of the reasons for any such limits. You may challenge those reasons through the grievance process.
- After discharge, you may see your entire treatment record if you ask to do so.
- If you believe something in your records is wrong, you may challenge its accuracy. If staff will not change the part of your record you have challenged, you may file a grievance and/or put your own version in your record.
- A copy of sec. 51.30, Wis. Stats., and/or DHS 92, Wisconsin Administrative Code, is available upon request.

GRIEVANCE PROCEDURE AND RIGHT OF ACCESS TO COURTS

- Before treatment is begun, the service provider must inform you of your rights and how to use the grievance process. A copy of the Program's Grievance Procedure is available upon request.

- If you feel your rights have been violated, you may file a grievance.
- You may not be threatened or penalized in any way for presenting your concerns informally by talking with staff, or formally by filing a grievance.
- You may, instead of filing a grievance or at the end of the grievance process, or any time during it, choose to take the matter to court to sue for damages or other court relief if you believe your rights have been violated.

GRIEVANCE RESOLUTION STAGES

Informal Discussion (Optional)

You are encouraged to first talk with staff about any concerns you have. However, you do not have to do this before filing a formal grievance with your service provider.

Grievance Investigation—Formal Inquiry

- If you want to file a grievance, you should do so within 45 days of the time you become aware of the problem. The program manager for good cause may grant an extension beyond the 45-day time limit.
- The program's Client Rights Specialist (CRS) will investigate your grievance and attempt to resolve it.
- Unless the grievance is resolved informally, the CRS will write a report within 30 days from the date you filed the formal grievance. You will get a copy of the report.



Insurance Information and Consent to Contact

Client Information:

Name _____ Date of Birth _____

Address _____

Insurance and/or Employee Assistance Program (EAP) Information:

Name of Employee Assistance Program (EAP) _____ Authorization # _____

of sessions authorized _____ start date _____ end date _____

Name of Primary Insurance Company _____

ID Number _____ Payer ID # _____

Group Number _____ Subscriber's Name _____

Subscriber's Relationship to Client _____ Subscriber's DOB: _____

Address to Submit Claims (found on the back of the insurance card)

Name of Secondary Insurance Company _____

ID Number _____ Payer ID # _____

Group Number _____ Subscriber's Name _____

Subscriber's Relationship to Client _____ Subscriber's DOB: _____

Address to Submit Claims (found on the back of the insurance card):

Authorization for the Disclosure of Protected Health Information to Third Party:

By signing below you authorize the Clinic for Christian Counseling LLC to contact Insurances/EAPs listed above.

Other party/parties you authorize the Clinic for Christian Counseling LLC to contact for funding of services:

Name _____ DOB _____ Phone _____

Name _____ DOB _____ Phone _____

You understand that if the person(s) and/or organization(s) listed above are not health care providers, health plans or health care clearinghouses, the health information disclosed as a result of this authorization may no longer be protected by the Federal privacy standards and your health information may be re-disclosed by such person(s) and/or organization(s) without obtaining your authorization. You may revoke this authorization, in writing, at any time except for information already released as a result of this authorization. The written revocation must be given to the agency you authorized to release information. You have a right to inspect and receive a copy of the records to be disclosed. You have a right to receive a copy of the authorization. You have a right to refuse to sign the authorization. Treatment, payment, enrollment or eligibility of benefits may not be conditioned on you signing this authorization. If this authorization is for the purpose of filing an insurance claim, all benefits will be paid directly to the Clinic for Christian Counseling. Authorization expires after payment owed by third party payor is complete. You have had the opportunity to review and understand the content of this authorization form.

By signing this authorization, you are confirming that it accurately reflects your wishes.

Client's Signature

Date

Partner/Parent/Guardian Signature