

# Foundations Health and Wholeness Inc

## INFORMATION ABOUT OUR SERVICES

Date: 4/17/2024

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**Welcome to Foundations.** We want this experience to be helpful to you, as well as to those who care about you. Within this packet of information, you will be informed of the nature of counseling, our policies and procedures, fees for our services and your rights as a client.

**Psychotherapy/Counseling:** “Psychotherapy” and “Counseling” are often used interchangeably to indicate forms of psychological help that address various kinds of personal and family distress (depression, anxiety, alcohol misuse, etc.). The goals of therapy range from the relief of symptoms to significant life changes as one gains a better understanding of personal, interpersonal and social circumstances.

The clinical staff (Providers) at Foundations is comprised of licensed professional counselors, certified drug and alcohol counselors, licensed clinical social workers, and marriage and family therapists. Agency staff also includes qualified treatment trainees (QTT) who work under the supervision of licensed professionals. The QTT's are professionals who have earned their master's degree in a counseling-related field, and are obtaining the necessary hour of services and supervision to obtain their independent clinical license. All staff work within the standards and ethical guidelines of Wisconsin state statutes, state licensing laws, national associations and the national accreditation standards of the Solihden Institute.

**Therapy Process:** Therapy begins with an intake interview to evaluate your needs and difficulties. Your Provider will work with you in determining the best course of treatment. Therapy has been shown to have many benefits (e.g., better relationships, solutions to specific problems, significant reductions in feelings of distress). Progress in therapy depends on several factors including regular attendance, talking openly with your Provider, motivation, effort, and life circumstances.

You will be asked to complete a questionnaire prior to each session. The survey assists Foundations in monitoring your treatment and provides information regarding how you believe therapy is going for you. Your feedback allows the agency to continue to refine how to best assist you in meeting your goals.

Foundations believes in a body/mind/spirit connection. A spiritually integrated approach to treatment is encouraged. The philosophy of Foundations is to work within your own belief system. Your Provider will not impose their personal beliefs upon you and will include discussion of spirituality/religion/faith in accordance with your expressed wishes.

**Rights as a Client:** You have all rights established by the State of Wisconsin governing clinical practices, which are:

- The right of consent to treatment.
- The right to seek disclosure from your therapist about his/her qualifications.
- The right to end treatment at any time.
- The right to access the client grievance procedures by requesting the written procedure at the front desk.
- The right to have your clinical record kept private. (see “Confidentiality” below)
- The right to have access to your treatment record after discharge (or during treatment, if the program director approves it).
- The right to receive treatment no matter your race, creed, color, religion, age, sex or national origin.

You and your Provider will decide together when your therapy is complete in the best of circumstances. You or your Provider may choose to end your professional relationship at any time. If you decide to withdraw or your Provider deems it appropriate to end the clinical sessions, it is recommended that at least one final appointment with your therapist occurs. Please refrain from terminating by telephone, or by missing your appointment without notification.

**Confidentiality:** Anything you tell your Provider will be kept confidential and will not be revealed to other persons or agencies without your written permission except when mandated by state and federal statutes, or court order. The agency believes in the integrated approach to wellness and may share with your doctor and/or mental health providers within the agency information in order to maximize your treatment outcomes. For more information, please see the Notice of Privacy Practices and Privacy Practices Acknowledgement. Feel free to ask for clarification about anything you do not understand. Your privacy is very important, and Foundations will do everything possible to protect it.

**Appointments and Cancellations:** If an appointment is missed or canceled with less than 24 hours notice, you may be charged a no-show fee for that session. It is preferred that you give a 48-hour notice of cancellation to allow someone else to fill the appointment time. The no-show fee is not covered by insurance. If two or more late cancelled or no show appointments occur, you may be referred to services at another agency.

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**Insurance and Other Third-Party Payments:** If you wish to use insurance or other third-party insurance company (employee assistance program or managed care organization) to pay for therapy, you are responsible for providing Foundations timely, accurate and complete information. Foundations does not guarantee that your insurance or other coverage will pay your claim. You are responsible for the account balance, deductible and co-payments required by your insurance or third party payer.

**Insurance and Confidentiality:** You should be aware that your contract with your health insurance company requires that Foundations provide a clinical diagnosis. Information to the insurance company will be disclosed to assure billing can occur. Some companies require additional information such as treatment plans, summaries, or copies of your clinical records. Foundations makes every effort to release only the minimum information necessary for the purpose requested.

**Legal Proceedings:** The staff at Foundations do not provide testimony in legal proceedings. However, if you choose to subpoena your therapist and/or your records, you agree to pay for any required preparation time, for your Provider and office staff time, and for travel at a charge that is the same as the Foundations hourly rate.

**After Hours Emergencies:** Community Based services crisis lines include: Brown County Crisis Line at 920-436-8888, a national hotline for Suicide Prevention 1-800-273-8255, Call or Text 988, text 741741.

**Grievances:** Foundations encourages you to discuss your concerns with your Provider. However, if you prefer, you may file a formal grievance with the Clinical Director of Foundations within 45 days of the time you became aware of your issue. The specific details of the process is located in the Clients Rights and Grievances Procedures for Community Services brochure, which is offered to you at your first session, available at the front desk or on the State of Wisconsin website at <https://www.dhs.wisconsin.gov/clientrights/index.htm>.

**Telehealth/VideoTherapy:** Using telehealth can be a useful tool to provide therapy for you. This service involves the delivery of counseling using electronic communication between a Provider and yourself when not at the same physical location.

### **Possible benefits of telehealth could be:**

- Can be easier and more efficient for you to access clinical care and treatment from a Provider.
- You can obtain clinical care and treatment at times that are convenient for you.
- You can interact with a Provider without the necessity of an in-office appointment.

### **Possible Risks of telehealth could be:**

- Information transmitted electronically to your Provider may not be sufficient to allow for appropriate therapy.
- The inability of your Provider to conduct certain tests or assessments in-person may in some cases prevent the Provider from providing a diagnosis or treatment.
- Your Provider may not be able to provide clinical treatment for your particular condition via telehealth and you may be required to attend in clinic sessions.
- Delays in clinical evaluation/treatment could occur due to failures of the video technology.
- Security protocols or safeguards could fail causing a breach of privacy.
- Given regulatory requirements in certain jurisdictions, your Providers' treatment options may be limited.

### **Special requirements for Persons using telehealth services agree to the following:**

- You must remain and in a private area that is free from distractions and interruptions.
- You must be in the State of Wisconsin during the session and willing to disclose your address at the time of each telehealth session.
- You must be dressed as you would for an in clinic therapy session.
- You are required to provide emergency contact information. In addition, if you are showing signs of being in significant distress, we require that we have permission to contact a close family member or friend to ensure your safety. Beware that if significant concerns for your safety arise the police department may be called to go to your home to make a welfare check.
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- If video telehealth is provided, the Provider will check the “waiting room of the telehealth platform (ZOOM) for 10 minutes. This may be considered a no show appointment and all agreed upon fees will apply. Please call the office number to reschedule or to discuss with your Provider.
  - If video telehealth is provided and there is an unintended disconnection, the Provider will call using their telephone to continue to the session via telephone.
  - If contact between sessions needs to occur, phone calls need to be made to the agency phone number at 920-437-8256 during regular business hours.

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Client Signature