

INFORMATION FOR CLIENTS

NEW DAY COUNSELING, LLC
149 East Mill Street
Richland Center, WI 53581

At New Day Counseling, LLC it is our mission to strengthen our community and improve the lives of our clients by serving with compassion, care and understanding. We provide psychotherapy and substance abuse services for Southwest WI. We are dedicated to providing quality mental health and substance abuse services for individuals ages 15 and older. We are committed to collaborating with other healthcare treatment providers who are involved in the lives of the clients we serve. This sheet contains important information about our policies and procedures. Please read it carefully. Ask your therapist to answer any questions you may have.

Eligibility: Eligibility for services is based on the existence of a presenting problem. No one will be denied services because of an inability to pay. You may be referred to another community resource if you (1) do not meet the eligibility criteria; (2) there is not enough staff time available to help you; or (3) there is a more appropriate service provider elsewhere in the community or your insurance company has another counseling resource for you. After you begin working with New Day, services may continue: (1) so long as there are identified treatment goals which have not yet been met; and (2) there is evidence that you are interested in pursuing these goals. New Day may discontinue services if: (1) all treatment goals have been met; (2) you fail to demonstrate an interest in actively pursuing treatment goals, for example, by showing a pattern of regularly missing appointments; (3) you fail to pay for services as agreed upon in your Fee Agreement; or (4) upon the professional recommendation of your therapist.

Appointments: Appointments are scheduled with individual therapists. A counseling or psychotherapy hour consists of a one 53–55-minute interview with your therapist.

IF NOT GIVEN 24 HOURS IN ADVANCE OF A CANCELLATION PROOF OF SICKNESS, OR ANY OTHER REASON WILL BE REQUESTED IN ORDER FOR THE APPOINTMENT TO NOT BE COUNTED AS A LATE CANCEL OR NO SHOW. A CLIENT WILL BE DISCHARGED AFTER 3 LATE CANCELS OR NO SHOWS.

*******IF CLIENTS HAS COMMERCIAL INSURANCE OR PRIVATE PAY, THE INDIVIDUAL WILL PAY THE COPAY OR DEDUCTIBLE OR PRIVATE PAY FEE PLUS A \$50.00 NO SHOW FEE.*******

CLIENT WILL HAVE TO WAIT 6 MONTHS IN ORDER TO BE READMITTED TO NEW DAY COUNSELING, LLC AND WILL BE ALLOWED BACK IN ON A CASE-BY-CASE BASES AND OR IF NEW DAY COUNSELING, LLC IS TAKING CLIENTS.

Hours: The office is open Monday through Thursday 9:00 a.m. to 6:00 p.m.

Consultants: Your therapist collaborates with other licensed therapists in his/her clinical work. Your therapist also has a supervisor who may be contacted if you have questions or concerns. The supervisor will meet with you when necessary or at your request. The consultant(s) are Paul Schmidt.

Confidentiality: All contacts between staff and clients are strictly confidential and will not be revealed to any person or agency outside of New Day Counseling, without your written consent. The primary exception to this rule is those situations in which reporting is mandatory under Wisconsin law (e.g., suicidal, child abuse, child neglect, sexual abuse, etc.) In addition, please note that your signature on the fee agreement gives New Day permission to release information necessary for the processing of claims for payment.

Emergencies: In an emergency, you may call the office during business hours at (608) 856-5225 to speak to your/a therapist. During non-business hours, you may call 1-888-552-6642 or text 988 to speak to a crisis professional.

Informed Consent: It is the policy of New Day that each patient, or individual acting on behalf of the patient, will receive specific, complete and accurate information regarding the psychotherapy or other treatment they receive. You will be asked to read and sign the Informed Consent Policy form prior to beginning work with your therapist.

Grievance Procedure: New Day shall, as part of the intake process, share information with clients concerning informal methods for resolving client concerns and formal procedures by which clients may seek resolution of a grievance. At any time a complaint occurs, the client or other complainant shall be provided with a copy of the New Day's Client Grievance and Requests for Administrative Review Policies and Procedures. New Day staff shall be familiar with client rights and with these procedures. The program staff and their supervisor will forward the complaint to the local Client Rights Specialist. If a client or parent wishes to contact a Specialist directly, they can be reached at:

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Telephone: (608) 856-5225

No sanctions will be threatened or imposed against any client who files a grievance, or any person including an employee of the agency, the department, or a county department or a service provider, who assists a client in filling a grievance or participates in or testifies in a grievance procedure or in any action for any remedy authorized by law.

If you have a concern about the services you are receiving, you are encouraged to discuss it with your therapist. If this does not resolve the issue, you may present a written complaint. If you are still not satisfied, please request a written copy of the Grievance Procedure.

Client Access To Records: Under Wisconsin law, you have a right to review your treatment record. Ask your therapist for the procedures used in sharing your file with you. If you feel that it contains incorrect information, ask your therapist for the procedure used to request a change in record information.

Your Rights: When you receive any type of service for mental health, alcoholism, drug abuse or developmental disability you have the following rights under Wisconsin Statute Sec. 51.61 (1) and HSS 94 Wis. Administrative Code. You have the right:

- ☐ To be treated with dignity and respect, free of any emotional, physical, or sexual abuse.
- ☐ To have staff make fair and reasonable decisions about your treatment and care.
- ☐ To not be treated differently because of your race, national origin, sex, age, religion, disability, or sexual orientation.
- ☐ To receive prompt and adequate treatment, rehabilitation and education services appropriate for you.
- ☐ To be allowed to participate in the planning of your care and treatment.
- ☐ To be informed of your treatment and care, including alternatives and possible side effects of treatment, including medications.
- ☐ To refuse all medication and treatment, unless it is needed in an emergency to prevent serious physical harm to yourself or to others, or court orders it. (If you have a guardian, however, your guardian can consent to treatment and medications on your behalf.)
- ☐ To refuse unnecessary or excessive medication.
- ☐ To not be subjected to experimental research, filmed, taped, or photographed without your expressed written consent.
- ☐ To have your treatment information be kept confidential and not be released without your consent. You can ask to see your records. You must be shown any records about your treatment.
- ☐ To be informed of any costs of your care and treatment that you or your relatives have to pay.
- ☐ To bring legal action for damages against those who violate your rights.

Fee Policy: A fee is charged for professional services provided by the therapists at New Day (please refer to the Payment Agreement). If you have private insurance or medical assistance, we will bill for services at the established rate. If you do not have insurance, or if your insurance does not pay in full, you will be responsible for paying the rate established on your Payment Agreement. You are also responsible for continued payment at the agreed upon rate once your maximum insurance benefits have been used.

If you are receiving services under managed care, health insurance, medical assistance, or an EAP, New Day will need to obtain information about covered services, co-payments and deductibles, etc. New Day will either obtain the specific information required or ask you to

obtain the information. Your signature on this form authorizes New Day to release any information necessary to process insurance claims.

2023 - 24 CASH SERVICE RATES

53 Minutes Psychotherapy or AODA Intake: \$ 140.00

53 Minutes Psychotherapy or AODA Service: \$ 120.00

Drug and Alcohol Assessment: \$ 200.00

Domestic Violence Screening: \$ 200.00

Anger Management Screening; \$ 200.00

Missed Appointments: \$50.00 (appointments missed without 24-hour notice)

BY CLICKING ON THE CHECKBOX OR SIGNING BELOW indicates that I have read this document and can ask for a copy of this information sheet, the “Client Rights and the Grievance Procedure for Community Services” brochure and the “Notice of Privacy Practices” at any time.