

Informed Consent for Psychotherapy

New Day Counseling, LLC
149 East Mill Street
Richland Center, WI 53581

The purpose of this "Informed Consent" document is to provide you with information about the treatment process and ask for your informed consent to receive psychological treatment. It is very important that you understand the information provided. You are encouraged to ask any questions that you have about this document as you first read through it or at any time in the future. New Day Counseling, LLC provides the following psychological treatment services: psychotherapy or mental health counseling, alcohol and other drug abuse treatment.

PSYCHOTHERAPY OR MENTAL HEALTH COUNSELING

Psychotherapy treatment is used to help alleviate or optimally manage the symptoms of mental health conditions, such as depression, anxiety, post traumatic stress disorder, and personality disorders. Psychotherapy works through a professional relationship that you and your therapist develop. It is within the professional therapeutic relationship that you are able to explore and gain a greater understanding of the issue and then change your thoughts, feelings, attitudes, and/or behaviors in ways that are helpful to you. It is common for psychotherapy to include interventions such as homework assignments, journaling, reading books, and self-monitoring. Psychotherapy session frequency is based on need and may range from weekly to every three months. Sessions are typically 50-55 minutes long.

ALCOHOL AND OTHER DRUG ABUSE TREATMENT

Alcohol and Other Drug Abuse (AODA) treatment is indicated for individuals with alcohol and/or other drug problems. Treatment is commonly sought when AODA begins to result in legal, work, or relationship issues. AODA treatment starts with an intake process that involves: determining your short and long term treatment goals; assessing your substance use; and identifying treatment recommendations. The AODA clinician will explain the treatment recommendations as well as the basis for those recommendations. The frequency of sessions and duration of treatment varies depending on need and will be discussed with you. AODA treatment may require you to participate with external agencies such as Corrections/Probation or Treatment Court. If this is the case, appropriate releases must be signed to allow information to be exchanged. To promote personal health, please know that all individuals receiving AODA services are required to complete a self-administered screening instrument to assess for communicable diseases.

PATIENTS WHO HAVE NOT MET WITH THEIR PSYCHOTHERAPIST FOR 30-60 DAYS OR MORE ARE CONSIDERED "INACTIVE" AND WILL BE DISCHARGED FROM THE CLINIC. Please note that individuals who are unwilling to comply with this requirement may wish to seek services

elsewhere. This important policy ensures that each patient receiving psychiatry services is also actively working with a psychotherapist.

*****PLEASE KNOW THAT IF YOU ARE LATE FOR YOUR APPOINTMENT BY 15 MINUTES OR MORE YOU WILL BE RESCHEDULED AND IT WILL COUNT AS NO SHOW.**

*******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.*******

*****PLEASE NOTE IF YOU NO SHOW FOR YOUR INTAKE YOU WILL BE ASKED TO SEEK TREATMENT ELSEWHERE AND WILL NOT BE ABLE TO SCHEDULE AN APPOINTMENT WITH NEW DAY COUNSELING, LLC FOR 6 MONTHS.**

RISKS AND BENEFITS OF PSYCHOLOGICAL TREATMENT

- The risks of receiving psychological treatment may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other difficult emotions as you discuss life problems or experiences with your treatment provider(s). Additionally, certain psychiatric medications may have common side effects which will be discussed with you at the time you see your prescriber for a medication evaluation.
- Psychological treatment has been shown to provide benefits, such as: experiencing a significant reduction in feelings of psychological distress; increased satisfaction in interpersonal relationships; greater personal awareness, insight, and effectiveness; and an increased ability to manage stress and problem solve.
- There are no guarantees as to the outcome of psychological treatment.
- Note that if you elect not to receive treatment; to attend but not genuinely participate in treatment; or prematurely end treatment, it is possible that your problems may not be addressed and/or may become worse than they are at the present time.

TREATMENT PLANNING

- After the initial assessment phase, which may require 1-3 sessions, your clinician will: discuss your treatment goals with you; give you an initial impression of what your work together might include; and develop an initial treatment plan with you.
- Your clinician may suggest alternate forms of treatment and will assist in referrals for other services when appropriate or necessary.
- It is your right and responsibility to participate in this treatment planning process. If at any time you feel that your goals and desires in treatment are not represented, you have the right to discuss this with your clinician and/or terminate therapy.

EMERGENCY MENTAL HEALTH SERVICES

The clinic's Emergency Mental Health Procedure is as follows:

- *If you are experiencing a life-threatening emergency call **911**.
- *If you need immediate assistance because you are experiencing a psychiatric crisis, or are feeling suicidal or homicidal, call the **County 24-Hour Crisis Worker**: for RICHLAND County call Northwest Connections at **1-888-552-6642**.
- * Or text or call **National suicide number 988**.

DISCHARGE POLICY

You may be discharged from treatment for failure to follow through with treatment recommendations or failure to attend appointments.

If you need to cancel an appointment, **please do so at least 24 hours in advance**.

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.

You may be discharged from treatment if you become "inactive". You may also be discharged from treatment for failure to pay for services.

ADDITIONAL KEY POINTS

- Psychological treatment requires an active effort on your part. To achieve the most success, it will be important that you work on things discussed in therapy outside of the sessions and maintain compliance with prescribed medications.
- You have the right to refuse to sign this informed consent or withdraw it at any time. The request to withdraw your informed consent must be made in writing. You cannot be threatened or penalized in any way for either refusing or withdrawing informed consent.
- This consent will be valid for **15 months**.
- Upon your request, you will be given a copy of your completed informed consent document.
- For client rights information, refer to the clinic's NOTICE OF PRIVACY PRACTICES document.

- For information about your rights to privacy, refer to the clinic's NOTICE OF PRIVACY PRACTICES document.

- The clinic's GRIEVANCE RESOLUTION PROCEDURE is available on request.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

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Sue Larson, MS, LCP, CSAC, CS-IT

BY CLICKING ON THE CHECKBOX BELOW OR SIGNING I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.