

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. DHS35, HFS 94, HFS 51, HFS 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 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

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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. Langlade, Lincoln, and Marathon County Mobile Crisis Teams: 715-845-4326 or 800-799-0122
2. Oneida, Forest, and Vilas County Crisis Line: 888-299-1188
3. Suicide and Crisis Lifeline for phone or text: 988
4. National Hotline: 1-800-SUICIDE
5. Text: 741741
6. Police Emergency: 911
7. The Client/guardian's Local Emergency Room _____

Fees for Services

Wetzel-Rasmussen Counseling Services and its contracted independent providers' fee is \$325.00 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 \$350.00. Couples and Family sessions are \$350.00. 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 for email, 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

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from treatment. A client/guardian may be involuntarily discharged for inability to pay (after contact has 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. Wetzel-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.

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

Service	Contracted Independent Providers	
Intake Initial Evaluation	\$350.00/hour	
Individual Session 50-60 minutes	\$325.00/hour	
Individual Session 35-49 minutes	\$200.00	
Individual Session 16-34 minutes	\$100.00	
Couple's Session	\$350.00/hour	
Family Session	\$350.00/hour	
Group Session	\$115.00/hour/person	
Observation/Off Site	\$325.00/hour	
Testimony/Off Site	\$325.00/hour	Hourly rate also applied for travel
Deposition/ On or Off Site	\$325.00/hour	
Consultation/Off Site	\$325.00/hour	
Phone Calls, Review of Text Messages, Emails, Our Family Wizard	\$325.00/hour	
*Additional Sessions or Collaborative Contacts	\$325.00/hour	
*Seminars, Workshops, Short Psycho- education programs or In-Services	<i>Prices vary dependent 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.