

# Navigate Wellness Health Group, LLC



## Information about Professional services, Practices, Policies, and Patient's Bill of Rights

Welcome to Navigate Wellness. This document contains important information about the professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

### PSYCHOLOGICAL SERVICES

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems, but there are no guarantees that this will occur. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The first 2-4 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

### APPOINTMENTS

Appointments will ordinarily be 50 minutes in duration, once per week at a time agreed on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours notice. If you miss a session without canceling, or cancel with less than 24-hour notice, Navigate Wellness policy is to collect a \$25 fee [unless agreed by both parties that you were unable to attend due to circumstances beyond your control]. It is important to note that session time is valuable, and it is important to be respectful of time lost as those time slots cannot always be filled with another client in short notice. If it is possible, the therapist will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

### PROFESSIONAL FEES

The standard 50 minute session is billed at \$150. You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by check, cash, or credit card. Any checks returned to the office are subject to an additional fee of up to \$25.00 to cover the bank fee that Navigate Wellness incurs. If you refuse to pay your debt, Navigate Wellness reserves the right to use an attorney or collection agency to secure payment.

In addition to weekly appointments, the practice does provide other professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of your therapist. If you

anticipate becoming involved in a court case, Navigate Wellness recommends that this be discussed fully before you waive your right to confidentiality. If your case requires your therapist's participation, you will be expected to pay for the professional time required even if another party compels your therapist to testify.

Credit Card processing fees: a fee of 3% may be added to all credit cards processed for sessions and services.

## **INSURANCE**

Navigate Wellness is currently contracted with some insurance companies. Navigate Wellness will bill your insurance company if there is a contract in place. Please provide your insurance information to Navigate Wellness upon the first session. Insurance will be billed at the rate of service and the client is responsible for the remainder of the session balance.

Beginning in 2020, Navigate Wellness will continue to assess and determine which insurance panels will work effectively with the agency.

## **PROFESSIONAL RECORDS**

Navigate Wellness is required to keep appropriate records of the psychological services that are provided. You have the right to refuse to be filmed or taped without your consent, to have your conversation with staff and all medical and health care records kept confidential in accordance with WI law, Sec.51.30, Stats. Your records are maintained in a secure location in the office. Navigate Wellness keeps brief records noting that you were here, your reasons for seeking therapy, the goals and progress set for treatment, your diagnosis, topics discussed, your medical, social, and treatment history, records received from other providers, copies of records sent to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, it is recommended that you initially review them with your therapist or have them forwarded to another mental health professional to discuss the contents. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

You have the right to refuse to be filmed or taped without your consent, to have your conversation with staff and all medical and health care records kept confidential in accordance with WI law, Sec.51.30, Stats. To have your records released at your discretion with a properly signed and completed release of information. And to see your health care records after termination of treatment with proper notice. By law records are kept for 7 years after termination of therapy services. After 7 years the records are destroyed. If utilizing insurance to cover the cost of counseling services please be advised that most insurance carriers require disclosure of diagnosis, date of treatment and treatment plan goals in order to pay for services rendered. Be aware that a diagnosis becomes part of your permanent medical record. Please consult with your insurance carrier for more information about what is required. Additionally, to provide quality care there will be times when colleagues will be consulted for continuity of care—you will always be made privy to case consultations that occur.

## **CONFIDENTIALITY**

Policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices. You have been provided with a copy of that document and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

### **-Confidentiality and Group Therapy**

The nature of group counseling makes it difficult to maintain confidentiality. If you choose to participate in group therapy, be aware that your counselor cannot guarantee that other group members will maintain your confidentiality. However, your counselor will make every effort to maintain your confidentiality by reminding group members frequently of the importance of keeping what is said in group confidential. Your counselor also has the right to remove any group member from the group should she discover that a group member has violated the confidentiality rule.

### **-Confidentiality and Technology**

Some clients may choose to use technology in their counseling sessions. This includes but is not limited to online counseling via Doxy.me, telephone, email, or text. Due to the nature of online counseling, there is always the possibility that unauthorized persons

may attempt to discover your personal information. Your counselor will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur. Please be advised to take precautions with regard to authorized and unauthorized access to any technology used in counseling sessions. Be aware of any friends, family members, significant others or co-workers who may have access to your computer, phone or other technology used in your counseling sessions. Should a client have concerns about the safety of their email, your counselor can arrange to encrypt email communication with you.

## **PARENTS & MINORS**

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is Navigate Wellness' policy not to provide treatment to a child under age 13 unless s/he agrees that the agency can share whatever information we consider necessary with a parent. For children 14 and older, Navigate Wellness requests an agreement between the client and the parents allowing the agency to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child's agreement, unless Navigate Wellness feels there is a safety concern (see also above section on Confidentiality for exceptions), in which case the therapist will make every effort to notify the child of their intention to disclose information ahead of time and make every effort to handle any objections that are raised. [See sample [Adolescent Consent Form, to be signed by both adolescent and parent\(s\).](#)]

## **CONTACTING THERAPIST**

The therapist(s) often are not immediately available by telephone. Therapist(s) do not answer their phones when they are with clients or otherwise unavailable. At these times, you may leave a message on the private voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from the therapist or they are unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) contact Ozaukee County Crisis at 262-284-8200 2) go to your Local Hospital Emergency Room, or 3) call 911 and ask to speak to the mental health worker on call. The therapists will make every attempt to inform you in advance of planned absences and provide you with the name and phone number of the mental health professional covering. You may also contact your therapist via email at

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## **OTHER RIGHTS**

If you are unhappy with anything in therapy, Navigate Wellness providers encourage transparency and dialogue. The desire/hope is that you will talk with your provider in which concerns may be addressed. Such comments will be taken seriously and handled with care and respect. You may also request that a referral to another therapist can be made. You are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspect of therapy and about specific training and experience. You have the right to expect that your therapist will not have social or sexual relationships with you as a client, or former client. **YOUR RIGHT TO FILE A GRIEVANCE AND HAVE ACCESS TO THE COURT SYSTEM:** You may bring court action for damages against persons violating your rights or confidentiality. You may have a grievance procedure available to you and to have an advocate represent you during the grievance process. Please send all grievances in writing to:

**Navigate Wellness Health Group, LLC  
11512 N Port Washington Rd. Suite 201A  
Mequon, WI 53092**

Navigate Wellness Health Group, LLC  
11512 N. Port Washington Rd. Suite 201A  
Mequon, WI 53092  
(262) 388-7406  
[www.navigatewhg.com](http://www.navigatewhg.com)

# CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this Agreement and the

**Notice of Privacy Practices** and agree to the terms.

I and/or members of my family will be receiving counseling beginning today. I hereby attest that the staff of Navigate Wellness Health Group, L.L.C. has explained to me the policies, procedures, bills of rights, and possible alternative methods of treatment. In addition, I have been given documentation of the above as well as a copy of the fee schedule for my records.

In addition, I understand:

- If I have further questions I may request specific information in writing at anytime during the course of treatment.
- I had time to study this information and/or seek additional treatment options.
- This consent is effective throughout my treatment at Navigate Wellness Health Group, L.L.C.
- I have the right to withdraw consent at any time, in writing.
- The benefits and cons of the proposed counseling treatment.
- The way the counseling treatment will be administered to me and I acknowledge that I actively participated in the treatment plan development.
- Alternative treatment modalities available to me.
- Confidentiality of client information.
- Probable consequences of not receiving proper treatment.
- Payments for services rendered are my responsibility, including no show and cancelations that are less than 24 hours, which will be billed at full session fee, insurance co-payments and deductibles.
- I understand that I may be billed for phone consultations between myself and my provider that last longer than 15 minutes (a service that is not covered by insurance).
- I understand that e-mail is not a form of counseling and that counseling related issues should be saved for counseling sessions with my provider.
- Out of pocket payments for counseling services are due at the time of service.

I authorize Navigate Wellness, LLC to determine the form of treatment necessary and agree to participate in the development and advancement of my treatment plan.

Once you have reviewed the relevant issues with your counselor, please sign below to indicate that you have obtained all information that you deem necessary and that you accept the policy and procedures outlined above. A copy of this form is available to you upon request.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Agency Witness \_\_\_\_\_ Date \_\_\_\_\_

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