

Registration

Therapist _____

Client's Name _____ Maiden Name: _____
(Last) (First) (M.I.)

Address _____
(Number and Street) (City) (State) (Zip)

Home Number _____ Work Number _____ Mobile _____ Ok to text? _____

Email _____ OK to email? _____ Gender _____

Date of Birth _____ Social Security # _____ Marital Status: M S W D Separated

Spouse's Name _____ Employer _____

IF CLIENT IS UNDER 18:

Name of Parent or Guardian _____

Address of Parent or Guardian _____
(Number and Street) (City) (State) (Zip)

Mobile Phone Number _____ Work Phone Number _____

Home Phone Number _____ Parents Social Security# _____

Email _____

INSURANCE INFORMATION-

Primary Insurance _____ Secondary Insurance _____

Member # _____ Member # _____

Group # _____ Group # _____

Name of Insured _____ Name of Insured _____

Insured SS# _____ Insured SS# _____

Insured DOB _____ Insured DOB _____

Co-pay Amount _____ Co-pay Amount _____

Employer _____ Employer _____

How were you referred to us?

I hereby authorize to release any medical information necessary to process claims and I agree to assign insurance payment directly to the clinic. I certify that the insurance information supplied is correct and understand I will be responsible for any services not covered by insurance. I also understand that any co-pay I have with my insurance plan is **due at the time of service**.

Signature _____ Date _____

Kettle Moraine Counseling Services

Thank you for choosing Kettle Moraine Counseling! The following is some information to help you understand your rights and give informed consent. Your therapist or the clinic director are always available to answer any questions you have. Please, don't hesitate to ask! **Informed Consent to Treatment.** The type of treatment Kettle Moraine Counseling Services provides is based upon the therapists training and style. Generally the clinic provides Cognitive-Behavioral, Supportive, Interpersonal, Family Systems and Eclectic approaches. You and your therapist will work on goals together, based upon what you want to achieve from therapy, and the duration and frequency of therapy will depend upon the goals and your individual needs. All of this information will be in a treatment plan which you will work on with your therapist and sign. Some of the risks that can be associated with therapy are an increase in uncomfortable feelings, at least at first, due to talking about problems/issues in your life. Some relationships may change, hopefully in a positive way. Change can be very positive in our lives, but can also present other challenges. Not receiving therapy can mean that things won't change, problems, emotions will continue as they are- the sadness, worry, defeated thinking will go on. Some alternatives to therapy are: support groups, self-help readings and workshops. Rates: A session is typically 45-50 minutes in length. You must give 24 hour notice of cancellation in order to not be charged a fee. Intake- \$185. 40-45 minute session- \$150, 53 -60 minute session-\$180 30 minute session- \$105, Group Therapy- \$125. Family session \$180 As a courtesy to you we will bill your insurance, and we must collect co-pays at time of service. BILLING: 262.334.4340 ext 2 .**Hours of Operation.** Kettle Moraine Counseling Services hours of operation vary according to therapist schedule. For after hours or emergency help, please call 262.707.3982 (clinic director's cell phone), or Washington County Acute Care Services, 262.365.6565. *As a general rule the therapists at Kettle Moraine Counseling do not get involved in custody or court battles. If we are called into court, the client will be billed our regular rate and insurance cannot be billed for this service.* **Limits to Confidentiality.** The information given in therapy is confidential and will only be released to others with your written permission (or with the permission of a parent or guardian of a minor). Confidentiality does have the following limits: * Danger to self or others *Court Order * Child, elder, disabled person abuse or neglect * Healthcare operations

Email Address:

Phone Numbers: Cell:

Home:

Work:

Where would you like correspondence sent? _____ Can the staff call you and leave you a message? (Yes) (No) On which numbers? _____ Texting? _____ Which Number _____

May the staff email you appointment reminders or newsletters? (Yes) (No) Restrictions _____

I consent to treatment at KMCS. This consent is for up to 15 months and can be revoked in writing. A copy of this consent has been offered to me. I have received my patient rights.

Signature: _____ Date _____

(Patient)

(Parent/guardian)

The client is aware of the limits to confidentiality, client's rights, the treatment plan, the payment plan. A copy of the informed consent was offered to the client.

Therapist's Signature: _____ Date _____

Wisconsin Bill of Patient's Rights

* To receive prompt and adequate treatment. * To have conditions placed upon you that are the least restrictive of your freedom (except patients under ss. 51.35, 51.37, 971, 975). * To refuse treatment *To not be involved in research without your informed written consent * To not be filmed or taped without your consent *To have your treatment records and conversations about your treatment kept confidential except as provided by law (Sec. 51.30, Statutes). * To have access to your treatment record after discharge (or during treatment if the facility director approves it)

* If you feel your rights have been violated, you have the right to use a grievance procedure. Contact your Complaint Investigator to file a complaint or learn more about the grievance procedure. Grievance Officer for Kettle Moraine Counseling Services is: Devona L Marshall, clinic director. If you are dissatisfied with the resolution of your Grievance, you will be advised on taking a grievance to the Department of Health and Family Services.