



400 W River Drive
West Bend WI 53090

W62 N281 Washington
Ave
Cedarburg WI 53012

1446 Horicon St
Mayville WI 53050

W177 N9856 River Crest Dr
Fountain Square - Ste112
Germantown

7280 S.13th St
Oak Creek WI 53154

6000 Gisholt - Ste 119
Monona, WI 53713
Madison

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!

Please initial after each section to acknowledge you have read and agree to its contents.

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 both mental health and substance abuse treatment in the form of Cognitive-Behavioral, Supportive, Interpersonal, Family Systems and Eclectic approaches as well as medication management. 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.

Initials _____

Hours of Operation

Kettle Moraine Counseling Services hours of operation vary according to therapist schedule and location. For after hours or emergency help, please call 262.707.3982 (clinic director's cell phone), or any of the emergency numbers listed on our website, in your client portal, or below. Please note our general phone and fax number are the same for all of our locations.

Initials _____

Community Emergency Services (Kettle Moraine Counseling is not in any way affiliated with these services)

If at any time you feel that you are in immediate danger of harm from yourself or others, please call 911

Suicide Prevention Hotline - 1-800-273-8255 or text 741741

Washington County (West Bend Clients)- 866-906-6565 (27/7 Crisis Line)

Ozaukee County (Cedarburg Clients)- 877-375-4043 (crisis)

Milwaukee County (Oak Creek Clients)- Adults-414-257-7222, Minors-414-257-7621

Dane County (Madison clients')- 608-280-2600 (Journey Mental Health Center)

Dodge Co (Mayville clients')-920-386-4094 (Mon-Fri 8am-4:30pm), 888-552-6642 (after hours, Northwest Connections)

Trevor Project (for LGBTQ+ youth) – 888-488-7386

NAMI Help Line (nonemergency, for support) – 800-950-6264 Racine County – 262-638-6741

Kenosha County – 262-657-7188

Waukesha County – 262-548-7666 or 262-547-3388 (non-business hours)

Sheboygan County – 920-459-3151

Walworth County – 262-741-3200



KETTLE MORAINÉ COUNSELING

Jefferson County – 920-674-3105
Outagamie County – 920-832-4646
Rock County – 608-757-5025
Fond du Lac County – 920-929-3535
Columbia County – 888-552-6642

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Consent to Bill Insurance

As a courtesy to you we will bill your insurance. By signing this document, you hereby authorize Kettle Moraine Counseling to release any medical information necessary to process claims and 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 for any reason. I understand that it is my responsibility to let Kettle Moraine Counseling know if I have a new policy I would like billed. I understand that I will be billed at full cost if my insurance policy has termed, and I have not provided new policy information. I also understand that private pay and any co-pay I have with my insurance plan is *due at the time of service*. Private insurance and private pay clients are required to have a credit or debit card on file. Payments for private pay and known copays will be charged to your card on file within 72 hours of your session. Coinsurance and deductibles can be made after processed through insurance by paying in your client portal with credit/debit or HSA card, given to your provider, placed in the drop box found in the West Bend lobby, or mailing to 400 W River Drive, West Bend, WI 53090.

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Insurance Verification

A copy of front and back of your insurance card is needed before scheduling your appointment so that we have the necessary information to run a verification of your insurance before your first appointment. By request we will provide the information received from your insurance. This is not a guarantee of your cost responsible as these reports are often complex and may be inaccurate. We highly suggest you call your insurance company to verify that we are in network and what mental health benefits are included in your plan. If you have a deductible, that amount is based upon the rate we have contracted with your insurance company. If you have not already, please send a pic of the front and back of your insurance card as an attachment through your client portal secure messaging to the “insurance” inbox.

Initials _____

Payment Arrangements

All Kettle Moraine Counseling providers are considered 3rd party contractors. This allows each individual provider to negotiate their own private pay amount. If you have any concern about the cost of services please address them with your provider ahead of time. If private pay a rate agreement must be signed before your first appointment. Any services provided without a signed rate agreement will be billed at our full rate. In the event you are unable to make your full payment, please contact our billing department at 262-334-4340, extension #2 as soon as possible to set up a payment arrangement. Automatic credit/debit card withdrawals can be set for the 1st and/or 15th of the month. Our providers may cancel or postpone sessions if your account balance is delinquent.

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KETTLE MORAINE
COUNSELING
Cancellation Policy

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Our providers reserve your appointment time just for you. They are not always able to fill that time if you cancel. We -require a 24 hour notice of cancellation in order to not be charged a fee of up to the full session cost. It is important to note that most insurance companies will not cover missed or late cancellation fees so this charged amount would be your sole responsibility. If you excessively miss or late cancel appointments it will be assumed that you are no longer interested in care and your services may be terminated.

Initials _____

Session Costs

A session is typically 45-50 minutes in length. Below is a list of the most common charges we bill out at. A full list can be found on your portal under the practice documents as well as provided by request. If you provide an active insurance policy the amount that bills to you is based on your individual insurance plan. Kettle Moraine Counseling is contracted with most local private and Medicaid insurance plans. Your copay, coinsurance, and/or deductible is specific to your plan as well as our contracted rate with them. Private pay clients are billed the standard rates unless an agreed upon and signed payment arrangement is on file.

- Drug Testing \$25
- Nurse practitioner Intake \$400
- Psychotherapy (45 min) \$210
- Psychotherapy (60 min) \$240
- Family Counseling \$240
- NP Established Client (30min) \$200
- Psychiatric Diagnostic Evaluation \$250

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.

Initials _____

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 continuity of care

If you agree to receiving text messages and/or email, we cannot guarantee that the messages sent and received are encrypted.

Are we able to send you text messages? _____

Are we able to send you emails? _____

Can the staff call you? _____

Can the staff leave you a voice message? _____

Are there any Restrictions you wish us to follow?



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I certify that I have read this document in its entirety, and I am aware of the limits to my confidentiality, client's rights, the treatment plan, and the payment plan. I consent to treatment at Kettle Moraine Counseling. This consent is for up to 15 months and can be revoked in writing. A copy of this consent has been offered to me.

Client

Signature _____ Date _____

Parent/Guardian

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.

By signing below, I certify that I have been offered a copy of my full client rights and privacy notices.

Client Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

A copy of the Clients Rights can be found hanging in the lobby area of each of our locations, on our website, and under the Practice Documents tab of your client portal account as well as by requesting from any KMC provider or staff. If you would like to file a grievance, please ask any KMC staff or provider for a Clients Rights Grievance Forms or contact our Clients Rights Representative: Jessie Roque

Jessie@kmclinics.com

262-334-4340 extension 38

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