

## **WINNING AT HOME FAMILY WELLNESS COUNSELING SERVICES INFORMATION AND CONSENT FORM**

1. The **WINNING AT HOME FAMILY WELLNESS CENTER** exists to provide mental health services to adults, children, and families. The main mission is to help individuals and families cope with daily life and live abundantly.
2. Michigan law requires that clients, parents or legal guardians of child or adolescent clients receive information to allow them to make informed decisions regarding their child's participation in counseling. Please read the following information carefully. Ask your counselor any questions that you may have.
3. **SERVICE PROVIDERS: Licensed therapists provide professional services:**

### **ADULT TEAM**

Peter Newhouse, PhD, LMSW, ACSW  
Matthew Biller, PsyD, LMFT  
Deborah Brink, LMSW, ACSW  
Jennifer Keessen, MA, LPC  
Steven Kreitzer, MA, MDiv, LPC  
Kurt Stevens, PhD, LPC  
Stephanie Witteveen, MA, LPC  
Angie Cerniglia, MA, LPC, LMFT, NCC  
Kerry Postema, MA, LPC  
Jamie Curtis, MA, LLPC  
Dave McGovern, MA, LLPC  
Elise Zuber, LLMSW  
John Arens, LMSW  
Victoria Reavy, LMSW

### **CHILD & ADOLESCENT TEAM**

Emilie DeYoung, PhD, LMSW, ACSW  
Chase Hoekwater, MA, LLPC  
Marissa Mesman, MA, LLP  
Jeannette Smith, LMSW  
Lance Young, MDiv, MA, LLPC  
Kristyn Sterk, LMSW  
Sara Tysman, MA, LLPC  
Sara Dekker, MA, LLPC  
Melodie Perkins, MA, LLMSW  
Andrew Hempel, MA, LLPC

4. **General Information:** Counseling sessions can vary slightly in length, but a meeting with your counselor will generally last 45-50 minutes. You and your counselor will collaborate concerning the frequency of your visits.
5. **CONFIDENTIALITY: Please read our HIPAA Privacy Policy.**
  - a. As a client, parent or guardian of a child receiving counseling, your counselor or child's counselor will involve you in helping your child to the fullest extent possible.
  - b. Masters level counseling students have become a vital part of the WAH culture. From time to time, your counselor may request permission for a student to observe your/your child's session.
  - c. Counselors will not share any information about you or your child with another party (with the exception of parents) with important exceptions:
    - i. Information may be released to designated parties with appropriate written authorization.
    - ii. When parents seek reimbursement for counseling services from insurance companies, information must usually be provided to a third party.
    - iii. Counselors are expected to report suspected past or present abuse or neglect of children, adults, and elders, including children being exposed to domestic violence, to authorities, including Child Protection and law enforcement, based on information provided by the client. By law, counselors are also expected to cooperate with child protection investigations.
  - d. In families where there has been or is currently a separation or divorce, your counselor will not communicate with attorneys and will not participate in any legal proceedings. If a client chooses to involve their counselor against the counselor's recommendation, the client will be responsible for any cost incurred by the counselor in addition to standard fees. Counselors reserve the right to end treatment due to involvement in legal proceedings because of the irreparable damage caused to the therapeutic relationship with the client or their family members. In such cases, a referral to a counselor outside this agency will be provided as needed.
  - e. Additionally, when minors are the identified client, counselors will work with the child to help them cope adaptively with the various changes they encounter. Treating children in these situations is difficult because:
    - i. Both parents usually have different views of the child's needs
    - ii. Parents' views may be affected by their own psychological experiences, issues, and needs
    - iii. Both parents usually fear that the child's counselor will side with the other parent.
    - iv. Both parents usually fear that the child's counselor will make custody or visitation recommendations that are not in the best interest of the child or parent.
  - f. For these reasons, your counselor or child's counselor has instituted the following policies in treating children with separated or divorced parents who share legal custody:
    - i. Your counselor or child's counselor will not communicate with attorneys for either parent or guardian and will not participate in any legal proceedings.
    - ii. Your counselor or child's counselor will not provide custody or visitation recommendations to the court, mediator, or psychologist conducting a family psychological evaluation.

6. **INFORMED CONSENT:** Most people who seek counseling are experiencing some form of internal distress or conflict in relationships. The goal of therapy is to reduce such problems; however, in spite of our best efforts, there are times when these issues do not improve, or even become worse. It is not always possible to predict the outcome for each individual. Given this knowledge, the decisions to begin, continue, or terminate therapy belong to the client or a child's parents or legal guardian. It is important to communicate your concerns with your counselor.
- a. Expressive activities, such as play, art, writing, music, and exercise, are also important for the mental health of children and will be incorporated into the therapy process at the discretion of the counselor.
  - b. After a period of inactivity greater than 4 months, your or your child's care will be considered discontinued.
7. **PAYMENT FOR SERVICES AND INSURANCE REIMBURSEMENT:** If using insurance, fees are based on the client's insurance policy and coverage with applicable copays and deductibles. If not using insurance, fees are based on a sliding scale for sessions (see Billing Policy) which will be discussed with your or your child's counselor. Exceptions can be made at the discretion of the therapist. *Fees are payable before your scheduled session.* Charges will be assessed for additional services such as treatment summaries, court reports, copies of records, or other third party reports, phone therapy sessions, etc. including required involvement in legal proceedings. Upon receipt of a subpoena your or your child's counselor may collect a \$1,000.00 retainer to cover costs related to legal proceedings.

**IMPORTANT CONSIDERATIONS WHEN USING INSURANCE:** Be aware that using insurance for mental health services may have negative consequences:

°Loss of confidentiality   °Loss of control of your treatment   °A psychiatric diagnosis will be in your medical history

If you elect to use your insurance, the Winning At Home Family Wellness Staff will submit claims to certain insurance carriers to collect the benefit. Other insurances may require you to submit statements for reimbursement. *You are required to pay your deductible, co-pay, and/or any outstanding balance prior to your session.* By signing this form, you are giving Winning At Home, Inc. permission to bill your insurance.

**THIRD PARTY PAYOR:** If you have been referred by a third party (including a church or corporate partnership), by signing this form, you are authorizing Winning At Home Family Wellness Staff to submit a financial statement to them for services rendered.

8. **CANCELLATIONS:** *We require a 24-hour notice of cancellation by calling (616) 772-1733. In the event that you do not call within the specified time, you may be charged the full fee of the missed session. These charges are not billable to insurances or reimbursable by flex.*
9. **EMERGENCIES:** Voice mail is available for your non-urgent messages. For cancellations or changes to your appointments, please call our office. If you have a more emergent need, but not life threatening, please call (616) 834-3081 and the on-call counselor will contact you at their earliest convenience. In the event of an emergency, please call 9-1-1 or go to the nearest emergency room.

**I HAVE READ THE ABOVE AND RECEIVED A COPY OF THE HIPAA PRIVACY POLICY. I UNDERSTAND AND ACCEPT THESE CONDITIONS TO RECEIVING BEHAVIORAL HEALTH SERVICES. I MAY ASK QUESTIONS AT ANY TIME IN THE FUTURE.**

\_\_\_\_\_  
Client/Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name