



MW COUNSELING

CONFIDENTIALITY OF CLIENT INFORMATION

All treatment records are confidential. MW Counseling, LLC, may not disclose any information about you without your written authorization with the following exceptions:

1. As mental health providers, we are mandated by law to report any cases of suspected neglect, physical or sexual abuse of children.
2. In the event that a client poses a threat, either to themselves, or to another person, at the clinician's discretion, necessary acts will be taken to protect him/her or the potential victim. Information may be released to another Health Care Provider or Law Enforcement Officials in the case of an emergency.
3. If you provide written authorization to MW Counseling, LLC, to disclose or receive information.

Treatment records are the property of the individual attending therapist. Our policy is that, unless there are extenuating circumstances, you may review your clinical record in the presence of your therapist. After reviewing your record with your therapist and upon payment fees for photocopying, you may obtain copies of your record. If you believe something in your record is incorrect, you can challenge its accuracy by putting your own version in your record.

Information from your clinical record may be reviewed among staff at MW Counseling, LLC, for the purpose of consultation, periodic review, and as required for state certification. MW Counseling, LLC, is an individual practice, but also practices under the group name of Madison Counseling and Wellness. Each therapist within this group practices independently and each is solely and entirely responsible for any liabilities resulting from their own individual practice. All records within Madison Counseling and Wellness are separately maintained.

Electronic Communication:

You may contact your therapist via text and/or email. By doing so, you do so with the understanding that text and email may not be secure. Text and email should only be used for the purpose of scheduling and other business matters and should not take the place of face-to-face therapy.

GRIEVANCE RESOLUTION PROCESS

If you have a grievance with your counselor, or the way you are being treated, you have the right to the following:

- Informational Discussion – Speak with your counselor and/or staff.
- Grievance Investigation/Formal Inquiry – You may file an inquiry with the Client Right's Specialist (CRS), and they will investigate your grievance and attempt to resolve it.
- State Grievance Examiner – You must appeal to the State Grievance Examiner within 14 days of receiving the decision from the previous appeal level.

CLINICAL AND LIFE THREATENING EMERGENCIES

If you have an emergency that is life threatening from suicidal thoughts, self-harming, etc., the protocol is for you to seek immediate medical attention by going to the emergency room. If your clinician believes that you are at risk of harming yourself or others while in session, an ambulance will be contacted so that you can be transported to a hospital.

If you are in emotional distress that is emergent outside of normal business hours, please contact the general appointment number at 608-824-7243, and select option 0 to be transferred to the emergency medical answering service and a clinician from Madison Counseling and Wellness will be contacted to respond.



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CLIENT & BILLING INFORMATION

RESPONSIBLE PARTY (if child is a minor): When the primary client is your child, the parent or guardian bringing the child in for services is responsible for paying for the services. If you have a financial agreement such as a divorce (agreement/judgment) for your child's medical expenses with the other parent, you will be expected to pay for your child's services and arrange for your own reimbursement with the other party. We would be happy to provide any billing information to the other party.

INSURANCE –You are responsible for your entire bill. However we will submit claims to your health insurance company as a courtesy to you. Please provide MW Counseling, LLC, with your insurance information and present your insurance ID before your first appointment. Before your first appointment, please make sure that you understand the mental health benefit provided by your insurance plan. You should understand the amounts of your co-payments (the portion of the charge your insurance company expects you to pay) and deductibles (the amount your insurance company requires you to pay before they pay benefits). You should be aware of plan restrictions and benefit limits. *If you need assistance in verifying benefits with your insurance company, please ask our billing department.*

PAYMENT -- Co-payments and co-insurance payments should be made at the start of each session. Payment is expected at the time of service. Forms of payment accepted include cash/check/credit/debit.

CANCELLATION POLICY -- If you must cancel or reschedule your appointment with less than 24-hours notice, please know that you will be charged for this session in full. Insurance companies cannot be billed for missed sessions and the patient will be responsible for the total cost.

Many insurance plans require pre-authorization of mental health services. Some insurance plans place restrictions on the types of services covered and/or on the frequency or number of appointments covered. You must let your therapist know about these requirements and restrictions before your first appointment. Failure to do this may result in denied claims, which will become the financial responsibility of the patient.



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Credit Card Authorization Form:

Card Number: _____

Expiration Date (MM/YY): _____

CVV Security Code: _____

Name on Card: _____

Billing Street Address: _____

City, State, Zip: _____

I request that the balance of what my insurance does not cover be processed to the above card.

Signature: _____