

Welcome to Genesis Counseling Group S.C. This document contains information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

I hold a Masters Degree in Counseling and am a National Board Certified Counselor and a Licensed Professional Counselor in the state of Wisconsin. I also hold a K-12 School Counseling license. I earned both my Bachelor's and Master's Degrees at the University of Wisconsin-Madison. I worked for several years in the public school system as a school counselor in addition to working with high school students in full-time ministry before focusing my work on private practice.

My model strongly emphasizes the need for each individual to assume responsibility for his or her own satisfaction. I support living lives based on principles, such as truth, love, reality and responsibility. I desire that each individual has the tools and support necessary to live the most meaningful and satisfying life possible.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general terms. It varies depending on the personalities of the Psychologist and client, and the particular problems you bring forward. There are many different methods I may use to deal with the problems you bring forward. There are many different methods I may use to deal with the problems you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for therapy to be most successful, you will have to work on things we talk about during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, shame, anger, frustration, loneliness and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solution to specific problems, and

significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue in therapy, you should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money and energy; so, you should be very careful about the therapist you select. If you have any questions about procedures, we should discuss them whenever they arise. If your doubt persists, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS

If psychotherapy is to begin, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on although, some sessions may be shorter, longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for the time unless you provide 24 hours advance notice of cancellation or unless we both agree that you were unable to attend due to circumstances beyond your control. If possible, I will try to find another time to reschedule the appointment.

PROFESSIONAL FEES

The initial session is \$120.00. Thereafter, my hourly fee is \$100.00. The rate is set by GCG and is determined in part by the level of training and experience. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. (Because of the

difficulty of legal involvement, I charge \$200.00/hr for preparation and attendance at any legal proceeding)

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I will consider negotiating a fee adjustment or payment installment plan. If your account has not been paid for more than 60 days, and arrangements for payment have not been agreed upon, I have the option of using legal means to secure payment. This is a last option that may involve hiring a collection agency or going to small claims court. (If legal action is necessary, the cost will be included in the claim). In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided and the amount due.

CONTACTING ME

I am often not immediately available by phone—I will not answer the phone when I am with a client. When I am unavailable, my phone is answered by voicemail that I monitor frequently. I will make every effort to return your call on the same day—the exception will be weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. **In emergencies, you will need to call 911.** If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or go to the nearest emergency room and ask for the Psychologist or Psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact if necessary.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. (I am sometimes willing to conduct a professional meeting without a charge). Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

MINORS

If you are under 18 years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from your parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. If requested, I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you. If possible, I will do my best to handle any objections you may have with what I am prepared to discuss.

EXPLANATION OF DUAL RELATIONSHIPS

Although your sessions may be very personal psychologically, it is important for you to realize that our relationship is professional rather than social. As a licensed therapist, I am ethically obligated to avoid dual relationships when possible. Therefore, planned contact will be limited to sessions you will arrange, or other activities and services provided by GCG such as groups, seminars and workshops. Please do not invite your

therapist to social gatherings, offer gifts, or ask them to relate to you in any other way than in the professional context of counseling. You will be best served while you are in counseling sessions by concentrating exclusively on your concerns. In the case that any exceptions to this practice arise (e.g. requests to be present at a wedding or funeral; attending the same church), these will need to be discussed and appropriate agreements made. Many therapists also have leadership roles in their perspective communities and churches and you may come in contact with them in these other situations. Any contact outside of the therapy environment may be uncomfortable and you are encouraged to discuss your feelings and reactions with your therapist.

CONFIDENTIALITY

In general, the privacy of all communication between a client and a Therapist is protected by law and I can only release information about our work to others with your written permission. However, there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe a child (elderly person or disabled person) is being abused, I must file a report with the appropriate state agency.

If I believe a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. These situations have rarely

occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

If doing conjoint/marital therapy, I meet individually with either person, the information discussed in the individual session(s) will not be held confidential from the spouse. All other aspects of confidentiality, as discussed above, apply to conjoint/marital therapy.

I occasionally find it helpful to consult other professional about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you of these consultations unless I feel it is important for our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting.

You may withdraw from psychotherapy at any time. The plausible consequences of not completing your treatment plan may include not reaching your goals and experiencing increased distress and symptoms.

DISCUSSING AND RESOVING ISSUES

If you are dissatisfied with any aspect of your work with me, please inform me immediately. This will make our work together more effective and satisfying. In the unlikely event we are unable to resolve the issue to all parties satisfaction, there are other options available including transferring to another therapist outside of GCG in which case you will be provided with referrals to several other qualified counselors. If you think you have been treated unfairly or unethically by any therapist and cannot resolve the problem, you can contact the Wisconsin Department of Regulation

and Licensing (P.O. Box 8935 Madison, WI 53708) for clarification of clients' rights as I have explained them in this document or, to file a complaint.

COMPLETION

When you feel ready to leave therapy, it is important that we discuss this decision. In light of the potentiality and difficult nature of counseling, there are times when you may want to quit the process prematurely. This is a common reaction and it is vital that we process your thoughts and feelings. If after having discussed this issue, you decide to leave, I ask you to give at least one-week notice before terminating individual therapy.

Thank you for your attention to these matters. I look forward to working with you!
Your signature below indicates the following:

1. You have read the information in this document.
2. You agree to abide by its terms during our professional relationship.
3. You are giving consent for psychological services.
4. You have been given the opportunity to discuss any concerns you may have regarding this document.

CLIENT SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

(If client is under 18 yrs-old) DATE: _____

THERAPIST SIGNATURE: Lia Moschella-Laine 7/7/2020