

MME Wellness Informed Consent for Psychotherapy and Practice Policies

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Psychotherapy Policy Statement and Consent Form:

Welcome to my practice! I am so glad you have taken this step, and I look forward to working with you. The following information is meant to help set the frame for our work, so you know what to expect and what helps the therapy work best. Please read it carefully and discuss any questions you may have with me. Many find it useful to print this out and reference it in the future as needed.

The Therapeutic Process**

You have taken a positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Psychotherapy can have benefits and risks. Remembering unpleasant events and becoming aware of feelings can bring on strong feelings of anger, depression, anxiety, guilt, etc. On the other hand, therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself. I can also promise to show up for you as my authentic self and engage you as a collaborative partner in working toward the resolutions you feel necessary.

Professional Fees**

With the ever-changing environment of healthcare, I have worked to make my fees very clear and easy to understand. My current hourly fee is \$250 for your first session and \$200 per session thereafter. I periodically review these fees to account for cost-of-living increases and additions in my expertise and training. I remain a participating provider in several insurance networks and will accept the contracted rate for those services. If you would like a list of insurance codes that are frequently used, I am happy to provide those. Additionally I am happy to provide you a document to submit to insurance if I am not in network and you would like to use "out of network" benefits. It is your responsibility to verify whether your insurance lists me as "in network" and whether your insurance has "out of network benefits" if I am not a participating provider.

It is my policy that each client has a credit or debit card on file to be used when necessary. Each session fee is collected on the day of service (or on the date that insurance processes the claim) and all clients agree to be enrolled in the auto-pay feature included in the client portal. When using a credit card, you agree not to initiate any chargeback or dispute fees for the session time that has been reserved for you. If you feel there is an error in your fee, you agree to reach out to discuss this and agree that after the accuracy has been verified, if you continue to dispute the fees with your credit company you will be required to cover all fees incurred by this dispute in addition to the original fee.

I also accept personal checks made out to "MME Wellness." If you prefer to pay that way, I will still require a card on file but will not charge the card unless there is not another form of payment presented. Any returned checks will incur a \$20.00 fee.

At times, a situation may arise that requires we speak on the phone. I make every effort to take a brief phone call from you at no charge. Phone conversations lasting more than 10 minutes however, will be billed for the

corresponding time based on my current hourly fee.

As part of your care, I also offer brief letters and form completion requiring less than 15 minutes of my time at no cost to you. Any letters or forms requiring more time will be pro-rated according to my current hourly fee.

Records requested from another medical or mental health provider are forwarded at no cost as a courtesy to coordinate your care. If you would like a copy of your records for other reasons, I am happy to meet with you to discuss them after preparing them at the rate of \$1.40 per page for the first 25 pages, \$1.04 per page for pages 26-50, and \$0.68 per page for pages 51-100. If your records are required for someone other than yourself, they may also be subject to a preparation fee of \$27.63. These fees are all consistent with the structure outlined by the Department of Health and Human Services and are current as of 2025.

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Limited Cancellation and Reschedule Policy**

When we agree on an appointment time and frequency, this time is held exclusively for you. Keeping this time available for your sessions benefits the therapeutic process greatly, allowing a flow and momentum to build for the work we are doing. I find that people who attend their sessions most frequently find the most benefit and change. Your designated hour is your financial responsibility; therefore, you agree to pay for your appointment, for the duration of our therapeutic arrangement, regardless of whether you choose to come. If you are using insurance, this means that you will be paying privately for any sessions you are not able to attend or reschedule.

If you are not able to make your appointment time, I offer a generous rescheduling policy. You have the opportunity to "make up" for cancelled appointments within the week before, during, or after the date of your absence, if our schedules align. I will make every effort to find a time for you. You are allotted one "free" cancellation per year to be used at your discretion. If you cancel your appointment with less than 24hrs notice, you will be charged \$75 by the end of the day of the canceled appointment.

You are never required to pay for sessions that I cancel. I will make every effort to alert you of my planned vacation times in advance.

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Unpaid Balances and Payment Plans**

As I require all clients to be placed on auto-pay, unpaid balances not likely to occur, however at times, a charge will not go through on the cards provided and create a balance. If you are unable to pay the balance in full, I am willing to discuss payment plan options. In that case, you will be required to make a monthly payment equal to no less than 5% of the outstanding balance. If the balance remains unpaid, your account may be turned over to a private collections agency.

Please be advised that if your account goes to collections, an additional fee of 35% will be added to the balance to cover the additional costs of collections. I will be ethically required to discharge you from my care, and you will receive written notice of this at that time.

Confidentiality

Your sessions with me are confidential. With the exceptions outlined below, your identity will be kept private and will not be shared with anyone without your written permission. The information we discuss may be shared in a confidential manner under the following circumstances:

- When I am away, another mental health professional may cover my practice. As a general practice, this person will not be provided with specific information about you or your situation. However, with your consent, that person could be informed about your circumstances and may be given your name and phone number. They will maintain your confidentiality per Wisconsin state law.
- As part of my standards of care, I regularly seek consultation with qualified mental health professionals. I find that this creates a robust treatment response augmented as necessary with the professional skills and opinions of my colleagues. If I seek consultation about your treatment, your identifying information will not be shared and shall remain confidential.
- Wisconsin state law requires that the following exceptions be made to your right to confidentiality: a) child abuse or neglect; b) abuse of an elder or disabled individual; c) a threat to the life of another person; d) if, due to a mental disorder, you are in imminent danger of harming yourself or you are gravely disabled (unable to care for yourself) e) imminent threat of suicide
- If you become involved in a legal dispute, the court can subpoena your records. In such cases, you and I will work together to decide how to proceed.
- If we see each other unexpectedly outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However,

if you acknowledge me first, I will be more than happy to say a brief hello.

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Communication Methods**

If you need to contact me between sessions, there are several ways in which to reach me.

- You may leave a message on my confidential voice mail.
- My office line also accepts text messages however please note those are not confidential or encrypted. Please do not send clinical or sensitive information via text.
- You may also send me an email to my confidential email address of michelle.elert14@gmail.com. While my end of the email is encrypted, please remember that your end is likely unprotected. Please do not send clinical or sensitive information via email.
- You may also reach out through the Simple Practice messaging app. Messages in Simple Practice remain confidential.

I am not usually immediately available; however, I will attempt to return your call or message within 24 hours, Monday through Thursday. I generally do not answer voicemails or text messages left after 5 pm until the next business day. In the event of a life-threatening emergency, please call the emergency numbers below. Therapy is not conducted on email or text, and I ask that you use these modes for scheduling only.

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Emergencies**

If an emergency situation arises, please call 911 or any local emergency room. You may call or text the Suicide and Crisis Lifeline at 988. Additionally, you may reach out to 741741 and receive text support.

Social Media

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can discuss them further.

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Vacation**

I generally take several weeks off for vacation, holidays, and for training throughout the year. I will give you reasonable notice of planned absences as well as an alternate therapist to meet with if needed and opportunities to reschedule if possible.

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Illness**

If I become ill or unable to provide therapy for an extended period of time, I will provide referrals to therapists who can provide therapy for you at that time.

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Ending Therapy**

When you decide to end therapy or take a break from our work together, I ask that you inform me one month in advance. To honor your own growth process and our work together, I recommend attending at least 2 closing sessions to allow us to have ample time to come to completion. Sometimes more closing sessions are helpful. Ending relationships can be difficult. Therefore, it is important to have a clear pathway in order to achieve closure and acknowledge the work and progress we have engaged in together. I may discuss ending treatment with you if we determine that the psychotherapy is not helping you or if you are in default on payment. I will not end the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source. Should you miss scheduled sessions for 2 weeks without informing me of your absence, for legal and ethical reasons, I must consider the professional relationship discontinued.

I will retain all clinical records for a period of 7 years. I will gladly forward them to your new provider if requested. After that time, they will be destroyed in compliance with all Federal and State regulations.

Helpful Information

Licenses:

- LCSW licensure in the State of Wisconsin (8131-125)

Contact Methods (I am available Monday thru Thursday from 9-5p)

- Phone: 414-502-9680
 - Confidential Voicemail available. Calls returned as soon as possible.
 - Text available for scheduling purposes only, not encrypted
- **Simple Practice Client Portal**
 - Messages are confidential and encrypted
- **Email:** michelle.elert14@gmail.com
 - My end of the email is encrypted and confidential however yours may not be. Use for scheduling purposes and transmission of non-private information.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Rev 2/2025