

Practice Policies

Wolf Insight Counseling LLC, member of Clinical Psychology Associates
W156 N8327 Pilgrim Rd Menomonee Falls, WI 53051
262-251-1112 x735

Private Pay Billing Rates

Your therapist's standard billable rate is \$100 per 50-minute session. Other lengths of sessions may be available for similar prorated costs. Sliding scale fees may be offered for clients experiencing financial hardship. Please contact your therapist directly to discuss availability and rates.

Insurance Billing

If insurance is used, Wolf Insight Counseling LLC, member of Clinical Psychology Associates will submit claims on your behalf when applicable. Insurance companies determine coverage and reimbursement. You are financially responsible for any balances not covered by insurance. If you are unsure if insurance utilization would right for you, please reach out to your therapist directly to receive a verification of benefits to determine your out of pocket cost and any deductible that may apply.

I authorize the release of any information via paper or electronic means to process my insurance claim. I authorize my therapist to contact me via phone or email as needed. I am aware of my therapist's privacy policies and protecting my health information through HIPAA. I authorize payment of insurance benefits directly to the provider of service. I agree to pay any billed amounts rejected by insurance, deductibles and co-pays; these amounts are due at time of service.

Paying Your Bill

Each therapist expects that you pay your bill on time and that any copays are charged to the card on file. If further money is owed, you will receive a bill each month. You can pay your balance via our website, <https://www.clinical-psychology-associates.com/> and clicking "Pay Online". If the portion of the bill owed by you exceeds \$200, ethically therapists require immediate payment of the bill. There may be a monthly interest rate charge of 2.0% on any unpaid client balance. An account is considered past due if full payment has not been received after 30-days of the receipt of your bill. Ongoing nonpayment may result in suspension or termination of services with appropriate notice and referral options.

No-Shows and Late Cancellations

If you need to cancel or reschedule an appointment, please provide **at least 24 hours notice** from the scheduled appointment time. Appointments canceled with less than 24 hours notice or missed appointments will be subject to a fee of \$50. Late cancellation or no-show fees are not typically covered by insurance and are the client's responsibility.

Billing Service

Clinical Psychology Associates utilizes an independent contractor for billing, LK Billing. LK Billing handles all claims, payments, and billing questions. If you have any questions regarding your bill, Laura Kowalewski of LK Billing, can be reached via phone at 262-259-1384 or via email at: LKBilling@clinical-psychology-associates.com.

Telehealth Services

Counseling services may be provided via telehealth using a HIPAA-compliant, secure video platform. Telehealth involves the use of electronic communications to provide counseling services when the client and counselor are not in the same physical location. Potential benefits of telehealth include increased access to care, convenience, and continuity of services. Potential risks include technology failures, interruptions, unauthorized access despite reasonable safeguards, and limitations in the counselor's ability to respond to emergencies remotely.

By participating in telehealth services, you agree to:

- Participate from a private, safe location
- Use a secure and reliable internet connection
- Inform the counselor of your physical location at the start of each telehealth session

Telehealth services are not appropriate for emergency situations. If you are experiencing a mental health emergency, you agree to contact 911, the 988 Suicide & Crisis Lifeline, or go to the nearest emergency room. Counseling services are provided only to clients who are physically located in the state of Wisconsin at the time of the session.

Referrals and Emergency Services

If you require more intensive care, such as day treatment or inpatient care, Rogers Memorial Hospital (833-308-5887) is a possibility to meet your treatment needs. As always, if your situation requires immediate attention, please go to your nearest emergency room or call 911.

Rights of Clients

Any person who receives services for mental health, alcoholism, drug abuse or developmental disability is guaranteed certain rights by the State of Wisconsin. Among these rights are the following:

1. You must be treated with dignity and respect, free of any verbal or physical abuse.
2. You have the right to have staff make fair and reasonable decisions about your treatment.
3. You cannot be treated unfairly because of your race, national origin, sex, religion, age, disability or sexual orientation.
4. You must be provided prompt and adequate treatment and other services which are appropriate to your individual needs.
5. You must be allowed to participate in the planning of your treatment.
6. You have the right to discuss positive and negative effects of your treatment and to discuss alternative treatments with your therapist.
7. No treatment may be given without your consent except in an emergency.
8. You have a right to know the cost of your treatment and to discuss these costs with your therapist.
9. You will not be filmed or taped without your consent.
10. Information regarding your treatment must be kept confidential unless you have released them.
11. Your records cannot be released without your consent unless a valid court order or a valid HIPAA form is in effect and is produced, except to report child abuse or to prevent violence or suicide.
12. You have the right to see your records and to discuss them with your therapist.
13. You may challenge the accuracy of your records and have corrections placed into the record.
14. If any of your rights are violated you may make an informal complaint or file a formal grievance or seek legal redress in court.
15. To make an informal complaint discuss the issue with your therapist and ask for resolution.
16. To file a formal grievance contact Clinical Psychology Associates owner, Dr. Paul Hamilton at 262-251-1112.

You are entitled to additional rights as established by the State of Wisconsin. A brochure outlining these rights, published by the state, is available upon request from your therapist.

I acknowledge that I have read and understand these rights, have been verbally informed of them, and understand that I may request a copy at any time.

By signing below, I acknowledge that I have read, understood, and agree to the items contained in this document: