



Consent for Services

CONSENT FOR TREATMENT & NOTICE OF PRIVACY PRACTICES

Services

Nourishing Change provides individual and couples counseling within the scope of practice. If a client would be better served by another provider, an appropriate referral will be made.

Nourishing Change provides outpatient therapy services during regular business hours and is not a 24-hour crisis center. If you are experiencing a mental health emergency or feel unsafe with yourself or others, call or text 988, contact your local county crisis line, go to the nearest emergency department, or call 911.

Counseling Process

Counseling offers benefits, but may also involve risks, such as uncomfortable thoughts, feelings, or troubling memories. If Nourishing Change does not feel like the right fit, a referral can be provided. It is encouraged to discuss any concerns openly in session.

Confidentiality

All communication between clients and therapist is generally protected by law. However, exceptions include:

- A serious threat to health and safety
- Suspected abuse of a child or dependent adult

Refer to the **Notice of Privacy Practices** for more details.

Consent for Release of Information

No information will be shared with third parties without written consent, except as required by law. Once released, Nourishing Change cannot guarantee confidentiality in external handling.

Professional Records

Records are maintained electronically and belong to Nourishing Change. Clients can request copies in writing, though access may be denied if it is deemed harmful to the client.

Communication

While Nourishing Change keeps emails, voicemails, and text messages confidential, the security of electronic communication cannot be guaranteed.

Session Length & Fees

Sessions are 50 minutes, starting on the hour and ending 10 minutes before the next hour. Sessions start promptly; if late, the session still ends at the scheduled time. Sessions will be canceled 15 minutes past the scheduled appointment time. Sessions cost **\$250.00**, with clients responsible for insurance-related charges, including copayments and deductibles.

Cancellation & No Show Policy

Cancellations/reschedules must be made at least 24 hours in advance. Late cancellations or no-shows will incur a **\$125.00** fee. Three no shows or late cancellations may result in termination from the practice. Late cancellation or no show for an initial appointment may result in termination. If the office is closed, you can leave a voicemail, email, or send a message via client portal to cancel. All fees must be paid in full prior to being seen at the next scheduled appointment.

Medical Records

Printed medical record requests must be submitted in writing by completing and signing a **Release of Information (ROI)**. Once your request is received, records will be made available within 15 days.

Nourishing Change adheres to **Wisconsin State Law (Wis. Stat. § 146.83)** regarding the fees for printed medical records:

Pages 1-25: up to **\$1.00 per page**

Pages 26-50: up to **\$0.75 per page**

Pages 51-100: up to **\$0.50 per page**

Pages 101 and beyond: up to **\$0.30 per page**

Additional fees may apply for shipping printed records. All fees must be paid in full before records will be released.

Prime Time Hours Policy (4pm - 7pm)

In order to prioritize fairness and access for all clients, those who regularly cancel appointments, particularly during the high-demand hours of 4:00pm- 7:00pm, may be limited to scheduling one appointment at a time. This measure ensures that the most requested time slots are available to as many clients as possible.

If a pattern of frequent cancellations is observed, even with a 24-hour notice, adjustments to how future appointments are scheduled will need to be discussed. This decision is made with care, aiming to balance the individual needs of clients with the overall well-being of our entire community. It is understandable that life can be unpredictable, and changes happen. The intention is not to penalize, but to manage time wisely and maintain accessibility to services for everyone seeking assistance.

Patient Payment Policy

In light of the increasing number of high deductible health plans and higher patient co-insurance responsibilities, all clients are required to have a credit card on file to be seen at Nourishing Change. The card kept on file will only be charged when there is a balance due, with the

exception of co-pays and self-pay amounts, which are due at the time of service. The charges to your card will reflect the amount determined by your health insurance provider based on your health plan.

Minor Clients

A parent/guardian must be present for clients being seen **under 12** for in-person appointments. For clients **between 12-14**, parental presence is encouraged, but not required for in person appointments. Clients **14 and older** must sign a consent for services form along with a parent/guardian.

Emergency Services

Nourishing Change **does not provide emergency services**. In an emergency, call **911** or visit the nearest emergency room.

FINANCIAL RESPONSIBILITY POLICY

Insurance and Payments

It is the patients' responsibility to verify that Nourishing Change is **in-network** with your insurance before your first appointment.

All copays, deductibles, and fees are **due at the time of service**.

Balances older than **90 days** become the patients' responsibility.

Referrals

If your insurance **requires a referral**, you must obtain authorization.

Divorce and Child Custody Cases

The **parent bringing the child** to therapy is responsible for payment.

Self-Pay Accounts

An account is self-pay if:

1. No health insurance is available
2. Nourishing Change is out-of-network
3. No valid insurance card or referral is on file
4. Insurance denies claims after **90 days**.

Billing and Refunds

Balances must be paid within **30 days** of statement insurance. Notify the office of **any changes** in address, phone number, employment, or insurance. **Delinquent accounts** may be sent to collections.

Payment Methods

All forms of payment (including HSA cards) are accepted. **Returned checks** incur a **\$35.00** fee.

TELEHEALTH INFORMED CONSENT

Telehealth sessions allow therapy via audio, video, or data communication. By signing below, you agree that:

1. You **cannot** be driving during sessions.
2. You **must** be in **Wisconsin** during the time of your appointment.
3. **No recording** of sessions is permitted.

Confidentiality follows the same laws as in-person sessions. There are unique risks (e.g. technical failure, unauthorized access). If in-person care is deemed necessary, Telehealth services may be discontinued. You are responsible for verifying insurance Telehealth coverage. You may withdraw consent for Telehealth services by submitting written notice.

NOTICE OF PRIVACY PRACTICES

**This notice describes how medical information about you may be used, disclosed, and how you can get access to this information. Please review it carefully.

It is required by law to maintain the privacy of protected health information, to provide individuals with notice of legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. The privacy practices that are described in this notice must be followed while it is in effect. This notice takes effect January 1, 2026, and will remain in effect until it is replaced. Nourishing Change reserves the right to change its privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law, and to make new notice provisions effective for all protected health information that is maintained. When a significant change in privacy practices is made, a change in this notice will be made, and the new notice will be posted clearly and timely at the agency office; copies of the new notice will be provided upon request.

Copies of the notice may be requested at any time. For more information about Nourishing Change's privacy practices, or for additional copies of the notice, please contact Nourishing Change using the information listed at the end of this notice.

HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

Your health information may be used or disclosed for different purposes including treatment, payment, and health care operations. There is a description and example provided for each of these categories below. Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. These special protections will be abided by, as they pertain to applicable cases involving these types of records.

Treatment

Health information may be used or disclosed to assist in treatment. For example, information may be disclosed to a specialist providing treatment to you.

Payment

Health information may be disclosed to obtain reimbursement for the treatment and services received from Nourishing Change or another entity involved in care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, claims may be sent to your insurance plan containing certain health information.

Healthcare Operations

Health information may be used or disclosed in connection with healthcare operations. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

Reminders and Notifications

Health information may be used to remind you of an appointment or to tell you about treatment options or health products and/or services that may be of interest to you.

Individuals Involved in Your Care or Payment for your Care

Health information may be disclosed to a family member or any other individual identified by you when they are involved in your care, or in the payment of your care. If you are able and available to agree or object, the opportunity to agree or object to such uses or disclosures will be given to you. If you are not available, or in the event of your incapacity or emergency circumstances, we will disclose health information using professional judgment- disclosing only information that is directly relevant to the person's involvement in your health care or payment for your health care. Additionally, information about you may be disclosed to a patient representative. If a person has the authority by law to make health care decisions for you, the patient representative will be treated in the same way you would be treated with respect to your health information.

Disaster Relief

Health information may be disclosed to organizations to assist in disaster relief efforts.

Required by Law

Health information may be used or disclosed when required to do so by law.

Public Health Activities

Health information may be used or disclosed for public health activities, including disclosures to:

- Prevent or control disease, injury or disability;
- Report child abuse or neglect;
- Report reactions to medications or problems with products or devices. For example, when it is required by the Food and Drug Administration (FDA) and the State of Wisconsin;

- Notify a person of a recall, repair, or replacement of products or devices;
- Notify a person who may have been exposed to a disease or condition; or
- Notify the appropriate government authority if we believe an elder at risk has been the victim of abuse or neglect.

Health Oversight Activities

Health information may be disclosed to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

National Security, Armed Forces, and Law Enforcement Custody

Health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. Information may be disclosed to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. Information may be disclosed to correctional institutions or law enforcement officials having lawful custody of the protected health information of an inmate or patient.

Secretary of HHS

Health information will be disclosed to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

Worker's Compensation

Health information may be disclosed to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Law Enforcement

Health information may be disclosed to law enforcement official for specific purposes. For example, when required by law to report certain injuries.

Legal Proceedings

Health information may be disclosed in certain legal proceedings. For example, in response to a court order.

Research

Health information may be disclosed to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information. These researchers agree not to disclose information that would allow you to be identified, except as allowed by law. For example, a research study may measure the success of a treatment or medication in treating or curing a targeted illness or condition. Under state and federal law, we may use, keep, and share

for our research purposes "de-identified" health information, which is not considered private information because it does not identify you.

Coroners, Medical Examiners, and Funeral Directors

Health information may be released to a coroner or medical examiner if necessary. For example, to identify a deceased person or determine the cause of death. Health information may also be disclosed to funeral directors consistent with applicable law to enable them to carry out their duties.

Other Uses and Disclosures

Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of personal health information for marketing, and for the sale of personal health information. Your written authorization will also be obtained before using or disclosing this information for purposes other than those provided in this notice (or as otherwise permitted or required by law).

******You may revoke an authorization in writing at any time. Upon receipt of the written revocation, your personal health information will stop being used or disclosed, except to the extent of what has already taken action in reliance on the authorization. To revoke an authorization, contact Nourishing Change at the information provided at the end of this notice.

YOUR HEALTH INFORMATION RIGHTS

Access

You have the right to look at or get copies of your health information, with limited exceptions. A request must be made in writing, obtaining a form to request access by using the contact information listed at the end of this notice; access may also be requested by sending a letter to the address at the end of this notice. If information is requested that is maintained on paper, photocopies may be provided; if information is requested that is maintained electronically, an electronic copy may be provided. The form and format requested will be used if readily producible. There will be a reasonable cost-based fee for the cost of supplies and labor of copying, and for postage if copies are desired to be mailed. Contact Nourishing Change using the information listed at the end of this notice for an explanation of the fee structure. If a request for access is denied, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

Disclosure Accounting

Except for certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. To request an accounting of disclosures of personal health information, a request must be submitted in writing to Nourishing Change. If an accounting is requested more than once in a 12-month period, a reasonable, cost-based fee may be charged for responding to additional requests.

Right to Request a Restriction

You have the right to request additional restrictions on the use or disclosure of your personal health information by submitting a written request to Nourishing Change. The written request must include:

- What information you want to limit
- Whether you want to limit use, disclosure, or both
- To whom you want the limits to apply

There is no requirement to agree to requests except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid Nourishing Change in full.

Alternative Communication

You have the right to request Nourishing Change to communicate with you about your health information by alternative means or at alternative locations. This request must be made in writing and must specify the alternative means or location and provide satisfactory explanation of how payments will be handled under the alternative means or location requested. All reasonable requests will be accommodated; however, if contact is unable to be made using the ways or locations requested, communication will resume using the information on file.

Amendment

You have the right to request your health information be amended. This request must be made in writing and it must explain why the information must be amended. This request may be denied under certain circumstances. If the request is granted, the record(s) will be amended and you will be notified. If the request for an amendment is denied, a written explanation of why it was denied will be provided.

Right to Notification of Breach

Notifications of breaches of unsecured protected health information as required by law will be made.

Electronic Notice

Paper copies of this notice may be received upon request, even if you have agreed to receive the notice electronically on the website or by electronic mail (e-mail).

Questions and Complaints

If you want more information about privacy practices, or have questions or concerns, please contact Nourishing Change.

If there is concern that your privacy rights may have been violated, or if you disagreed with a decision made about access to health information or in response to a request made to amend or restrict the use or disclosure of health information or to have Nourishing Change communicate by alternative means or at alternative locations, you may complain using the contact information listed at the end of this notice. A written complaint may also be submitted to the U.S.

Department of Health and Human Services; the address will be provided upon request. Your right to the privacy of your health information is supported; there will be no retaliation in any way

if you choose to file a complaint with Nourishing Change or the U.S. Department of Health and Human Services.

Amy Taake LPC, SAC

Nourishing Change, LLC

[ADDRESS]

[PHONE] [FAX]

Signature

My signature on this document represents that I have received the Consent for Services form and that I understand and agree to the information therein. Further, I consent to use an electronic signature to acknowledge this agreement.