



NuWave Counseling LLC
1477 Kenwood Drive
Suite 104
Menasha Wisconsin 54952
920-931-4172

2. Informed Consent for Psychotherapy & Policies

General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

Emergency Procedures: I am not on call for emergency situations; in an emergency, you should call 911 or the local crisis center: Brown county: 920-436-8888, Outagamie County 920-832-4646.

Right to Withdraw Consent: You have the right to withdraw my consent for evaluation and/or treatment at any time by providing a written request to the treating clinician.

You are voluntarily consenting to a mental health evaluation and/or treatment by NuWave Counseling LLC. Evaluation and/or treatment may be administered via interview, psychological assessment or testing, or psychotherapy. The length and frequency of treatment will vary according to your individual needs. You understand that following an evaluation, you will receive complete and accurate information regarding: a. The benefits of the proposed treatment b. Alternative treatment modes and services c. The manner in which treatment will be administered d. Expected side effects from the treatment (when applicable) e. Probable consequences of not receiving treatment. Treatment will be conducted within the boundaries of Wisconsin Law for Psychological, Psychiatric, Social Work, Professional Counseling, or Marriage and Family Therapy.

The Therapeutic Process

You have taken a very 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. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. 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.

Degrees & Credentials

Adam Hunt, MSW, CAPSW

Master's Degree of Social Work, West Virginia University (2007)

Bachelor's Degree of Social Work, Shepherd University (2005)

Advanced Practice Social Worker (License #127397)

Treatment Agreement

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED TO MELINDA A. MARASCH, LCSW, CLINICAL SUPERVISOR (HEREIN KNOWN AS SUPERVISOR) FOR ADAM HUNT, MSW, CAPSW, (KNOWN HEREIN AS SUPERVISEE) AS WELL AS HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

As a qualified treatment trainee with a Master's degree, Adam Hunt, MSW, CAPSW, is required to be under clinical supervision by an LCSW. Your personal health information may be disclosed to the Supervisor, in addition to any and all information in your client record, including but not limited to your intake assessments, diagnoses, treatment plans, progress notes, and clinical documents. This disclosure, beyond being a practice requirement, means an additional experienced clinician will be overseeing your treatment with Adam Hunt, MSW, CAPSW.

Upon request, Adam Hunt, MSW, CAPSW, will provide the information that was disclosed with the Supervisor.

Client Rights

As a client of NuWave Counseling LLC, you have the right:

1. To be treated with dignity and respect, free from abuse.
2. Receive prompt and adequate treatment.
3. To participate in the planning of your treatment.
4. To have access to your treatment records after discharge/termination (or during treatment with the approval of your treating provider).
5. To refuse treatment.
6. To file a grievance.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspensions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

See WI State Statute 51.17 for more information - <https://docs.legis.wisconsin.gov/statutes/statutes/51/17>

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally 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 speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Expiration of Consent: This consent to treat will expire 18 months from the date of signature, unless otherwise specifies.

Past Life Regression Therapy

While I pledge to use proven regression techniques, there are no guarantees that you will be hypnotically induced to a past life regression as a result of a number of potential complicating factors beyond my control. Additionally, there is no guarantee that a past life regression will generate transformational healing, increased insight, or provide spiritual answers. In fact, it is possible that the experiences with regressions may actually be uncomfortable or painful, though I will my best to try to prevent or limit these negative side effects.

Financial Terms & Cancellation Notice

Fees are based on the length or type of evaluation and/or treatment which are determined by the nature of the service. You will be responsible for payment at the time of service via cash, check, or credit card.

Cancellations must be made within 24 hours of your appointment. If you are unable to provide at least 24 hours notice when you cancel and/or are a no-show, you will be charged a \$35 fee for your session. The only time I will waive this fee is in the event of serious or contagious illness or emergency.

By signing, you are acknowledging that you have read, understand, and agree with all of the above, as well as give consent to the evaluation and treatment. You understand that you have the right to discuss this information with your provider at any time. You have been informed of my therapist's degrees, credentials, and licenses.