



2380 State Road 44, Ste H, Oshkosh WI 54904 • PO Box 47, Oshkosh WI 54903-0047
Phone: 920.385.5843 Fax: 920.375.5845
ashley@holdfastcounseling.net

Client Name (First, Middle Initial, Last)		Date of birth	Sex
Legal Guardian (if minor)			
Street/Mailing Address		City, State, Zip	
Phone		Email	
Emergency Contact Name, Phone, and Relationship to Client			
Method of payment: <input type="checkbox"/> Self-pay <input type="checkbox"/> Insurance (complete insurance information below)			
Primary Insurance Company		Member/Policy#	Group#
Primary Insured Persons Name		DOB	Employer
Insured's Address			Phone
Would you like your records released to your primary doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete a release of information)</i>			

How did you find out about Hold Fast Counseling Services?

Client/Guardian signature

Date



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Welcome to Hold Fast Counseling Services!

Before we begin this new path together, please take a moment to review important information about policies and your rights in counseling. If you have any questions about any of the information provided here, please feel free to ask.

The mission of Hold Fast is:

To discover healthier and truer ways of living; live with hope, humor, and humility; and hold fast to our dreams and authentic selves- *together*.

Congratulations on taking this step, and thank you for allowing me to work with you in your personal mental wellness journey!

-Ashley Lamers, MSE LPC NCC
Hold Fast Counseling Services, LLC

INFORMED CONSENT

- **Risks and benefits.** As with any health treatment, counseling has potential risks and benefits. The nature of the work we will do together in counseling will at times involve discussing, examining, and processing uncomfortable or painful experiences and memories, which may cause emotional or other distress. We do this together in the pursuit of developing new life skills and achieving more stable, sustainable mental health. It is important to be aware there are possible risks along the way.
- **Expectations and responsibilities.** Results of counseling cannot be guaranteed. Counseling is a collaborative exercise. As your counselor, I will utilize an array of therapy techniques and methods, some of which are established and others cutting edge. As a client, your participation is a necessary component in making progress in your mental and emotional wellness. Throughout the counseling relationship, your involvement is entirely voluntary. It is always your right to ask questions, discuss topics, and refuse therapies. If you determine you prefer to work with a different provider, discontinue services, or try alternative therapies with me or a fellow provider, I am happy to collaborate with you to determine how to help you reach your wellness goals. For safety and efficacy purposes, no counseling will be conducted if either counselor or client is under the influence of an intoxicating substance at time of session. I cannot provide legal advice and do not get involved in legal proceedings, unless dictated by the Court (see "Court Order/Subpoena" information in the "CONFIDENTIALITY" section). If the client is a minor, please review and sign the "Counseling Services for Minors" paperwork for greater detail as it relates to child and adolescent treatment services.
- **Payment.** You are financially responsible for payment of services (see fee schedule for rates). If you plan to utilize insurance, you authorize me to submit claims and any necessary information to insurance for services rendered to be paid directly to me by



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insurance. If you utilize insurance to pay your claims, you are responsible for paying any and all portions of service not covered by your insurance for any reason. It may be in your best interest to verify your coverage and benefits with your insurance provider. Any changes in insurance coverage or provider must be communicated promptly to your counselor to ensure proper billing and continuation of services.

- **Emergencies.** The services I am able to provide are limited to outpatient services, and I may not be immediately available for assistance in the event of an emergency. In the event of an emergency or crisis, please call your local crisis intervention service or visit your local emergency room for immediate services.

CONFIDENTIALITY

The relationship between counselor and client is privileged, and content of sessions is primarily confidential unless you request records to be released to a third party through a written Release of Information. Your records for counseling services with me are maintained primarily in a HIPAA-compliant electronic health record system and/or kept in paper format when applicable in a locked file cabinet unless in use. There are limitations and exceptions to confidentiality per legal statute and my state license. Some of these exceptions include but may not be limited to:

- **Safety or emergency.** It is my duty to do my best to keep you or others safe from bodily harm in the case of suicide, abuse (of a child, disabled individual, or elderly person), or intent to harm another person, in which case I may be required to make a formal report to an appropriate state agency, warn a potential victim, pursue hospitalization, or connect with a client's emergency contact.
- **Court Order/Subpoena.** In the event of a Court Order to provide testimony, I may be required to comply.
- **Consultation.** At times, it may be beneficial to our working relationship and your progress for me to utilize a consultation service with a fellow professional counselor or other helping professional. In the event of consultation, I will make every effort to ensure your identifying information is protected and remains private. The professionals with whom I may consult are bound to the same confidentiality legal and ethical standards that I am.
- **Insurance.** Insurance companies may at times request records to determine medical necessity of services or to conduct an audit. If you intend to use insurance for services, I may need to disclose with them the nature of our sessions, including but not limited to dates of services, diagnostic information, and progress notes.

CANCELLATION/MISSED APPOINTMENT POLICY

In order to provide quality care to all clients, attendance and communication are essential. Counselor and client are responsible to one another for communicating any need to cancel or delay sessions with as much advanced notice as possible. Please be aware of the following expectations and policies regarding cancellations and missed appointments.

- **SAFETY FIRST.** In the event of communicable illness (e.g., influenza) or inclement weather, the client agrees to not put themselves or others at undue health risk by coming



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in for session. Counselor and client agree to honor safety of self and others first and to communicate with one another to arrange a rescheduled time or a possible telehealth session.

- Cancellation notification sent by the client after the start of a scheduled appointment will be considered a missed appointment.
- Cancellations and late arrivals are to be utilized only as needed and sparingly.
- Habitual late arrivals and cancellations by the client will be addressed between counselor and client, and may lead to outcomes including but not limited to cancellation list appointments only or referral to another provider.
- Clients who arrive 15 minutes or more late for session without contacting their counselor may not be accommodated and may waive their time slot for that session, resulting in a missed appointment.
- In the event of the client's no call/no show to a session, the counselor will make an attempt to reach the client by phone. Upon three cumulative missed appointments, the client understands they may be placed on a cancellation list, scheduled no more than one week out, or referred out to another provider.

*I have read, understand, and agree to the expectations and policies regarding informed consent, confidentiality, and cancelling appointments. I accept financial responsibility of payment for services.

Client/Guardian Signature

Date