THE HOUSE OF HOPE
Phone: 715-483-3000
www.thehouseofhope3.com

Afton Location:
3411 St. Croix Trail South
Afton, MN 55001

St. Croix Falls Location:
2070 Hwy. 8
St. Croix Falls, WI 54024

Wisconsin Disclosure Statement

Cancellation for any reason requires 24 hour notice by calling **715-483-3000 or emailing thehouseofhope3@gmail.com,** or a **$50 fee** will be charged. Insurance cannot be used to cover this charge. As it is your responsibility to attend scheduled sessions, we reserve the right to terminate therapy services if three appointments are missed due to late cancellation or no show.

By providing the credit card information below, you authorize The House of Hope to charge your credit card for any **no-show fees, co-pays, deductibles, or fees that insurance does not cover.** In the event of inclement weather or an emergency, sessions may be conducted by phone. Upon request, statements will be provided monthly.

Please circle: VISA MasterCard Discover American Express

Name on Card (please print): _____

Credit Card Number: _____

Expiration Date: Month _____ Year _____ Please Initial _____

Consumers of counseling/therapy services, or marriage and family therapy offered by Marriage and Family Therapists by the state of Wisconsin have the right:

- To expect that a therapist has met the minimal qualifications of training and experience required by state law;
- To examine public records maintained by the Board of Marriage and Family Therapy, which contain the credentials of all therapists;
- To obtain a copy of the Code of Ethics or Rules and Conduct from the appropriate Licensing Board;
- To report complaints to the Licensing Board by writing or calling the Department of Regulation and Licensing, 1400 E. Washington Ave, Madison, WI 53703. Phone: (608) 266-7482.
- To be informed of the cost of professional services before receiving services;
- To privacy as defined by rule and law;
- To be free from being the subject of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services;
- To have access to their records as provided in Wisconsin Statute section 51:30; and
- To be free from exploitations for the benefit or advantage of a therapist.

1) Our therapists at The House of Hope use a blend of relevant therapies and biblically based Christ-Centered Counseling. Our foundation is built on the belief that healing is a gift from God.
2) Confidentiality: Information that a client shares with a therapist is completely confidential; except where otherwise specified by law. Information pertaining to a client's record, or a client's identity, cannot be released to any individual or agency outside of The House of Hope without the written consent of the client. For the purposes of gaining greater perspective, case scenarios may be shared within The House of Hope.
3) By law, if the therapist determines that the safety of the client is in question or that the client has plans to harm any other person(s), the therapist is required to make a report to the proper authorities and the person(s) mentioned, if appropriate. Also, if the client discloses any information that could be interpreted as physical or sexual abuse to a child or vulnerable adult, the therapist is required to make a report to the proper authorities. A court of law may also require clinical records without a client's consent.
4) We reserve the right to use a collection agency to collect overdue payments.
5) I/we authorize payment of benefits to The House of Hope for services rendered to myself and/or dependents.
6) I/we herby authorize the release of required information to my insurance company.
7) Benefits quoted from insurance companies are not a guarantee of payment. You agree to be responsible for the costs of services if they are not reimbursed by your insurance company.

I have read and understand the information presented in this form: (In the case of couple, both should sign)

_____ _____

Client/Guardian Signature Date

_____ _____

Client (Spouse) Signature Date

_____ _____

Therapist Signature Date