
Mind-Body Solutions LLC

Cindy Solliday, PhD, DCEP, CBP

Licensed Psychologist, WI License # 2410-057

12802 W. Hampton Avenue, Butler, WI 53007-1606

Phone: (262) 327-6381 Email: drcindy@mind-bodysolutions.com

CLIENT INFORMED CONSENT AND DISCLOSURE STATEMENT AGREEMENT FOR SERVICES

Welcome! Thank you for your interest in working with me as a client. In my practice I specialize in holistic psychotherapy integrating traditional and non-traditional approaches to healing mind, body, and soul. I am providing you with the following information so you can make an informed choice about your decision to engage my services. Please read this information carefully and let me know if there is any part you do not understand.

Psychotherapy/Wellness Services Offered

I offer an integrative holistic approach to psychotherapy and wellness, working with clients in a wide-array of mental health related issues, life issues, overall health and wellness, and spiritual transformation. The approaches I use with a given client are based partly on the nature of the presenting complaint(s) as well as the preferences of the client and my assessment of what will best benefit the client. In addition to traditional talk therapy, such as Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, Dialectical Behavior Therapy, Family Systems, and Developmental Needs Meeting Strategies, I also offer Mind-Body Therapies, including relaxation/stress management techniques such as Mindfulness Based Stress Reduction, Energy Psychology methods, the BodyTalk System, and Transpersonal/Spiritual Psychology approaches. If it would be helpful to incorporate any of these approaches or others I am trained in into your psychotherapy, I would be happy to address that with you, as you have the option of using individually or collectively any of the approaches I offer as part of our work together.

Theoretical Approaches

Traditional Talk Therapy

Traditional Talk Therapy literally means that you talk about yourself and your life in order to attain new insights, strategies and skills. Talk therapy can help you to take back control of your life and respond to any variety of challenging situations or relationships in healthier, more productive and successful ways. It is often associated with Cognitive Behavioral Therapy and strongly focuses on developing an ability to “think through” things and make wise decisions about your life. Talk therapy can be used to work with any problem or life goal you might have both transitional and chronic in nature. By simply raising conscious self-awareness and improving responsible (or response-able) choice --- life and/or your outlook on life can improve.

Mind-Body Therapy

Mind-Body Therapy uses the power of thoughts and emotions to improve overall health and wellbeing. It focuses on the interactions among the brain, mind, body and behavior, and on the powerful ways in which emotional, mental, social, spiritual and behavioral factors can directly affect health. Fundamental to its' approach are a variety of self-care related strategies that involve a lot of "TLC" or therapeutic lifestyle changes.

Transpersonal Psychology

Transpersonal Psychology integrates the spiritual aspects of the human experience into the framework of modern psychology. As such, it can also be described as "spiritual psychology." It focuses on experiences in which the sense of self extends beyond the limits of the human experience into the infinite realm of the psyche, soul or spiritual realms. Transpersonal approaches can help people who might feel "lost" spiritually, or who may need help finding "purpose" and "meaning" for their lives. The overarching goals of transpersonal therapies revolve around human transformation, self-actualization and the attainment of enlightenment.

Energy Psychology

Energy Psychology is a collective term used to refer to a variety of treatments based on the use, modification, and manipulation of energy fields that look at imbalances within the person's energy system as well as the energetic influence of thoughts, beliefs, memories, and emotions on the body. The theory of Energy Psychology is that the flow and balance of the body's electromagnetic and more subtle energies are important for physical, spiritual, and emotional health, and for fostering well-being. One of the Energy Psychology methods I offer is Emotional Freedom Techniques or EFT. EFT uses the ancient Chinese meridian system with a gentle tapping procedure which stimulates designated meridian end points on the face and body while focusing on issues of emotional intensity in order to release the intensity and reframe the issues. When applying EFT in a therapy session, the client does the tapping on the client's own body and the practitioner helps guide the session by instructing the client where to tap while saying specific phrases based on the issues that are being worked on. If you are not able to "tap" for yourself, then I may need to "tap" for you. In such a rare event, I will ask for and receive your permission prior to tapping on your body.

The BodyTalk System

BodyTalk is a holistic method based on the principle that the body is capable of healing itself at all levels. The premise of BodyTalk is it allows the body's energy systems to be re-synchronized so they can operate as nature intended which can help facilitate the resolution of psychological issues. It is believed that when using the BodyTalk system with traumatic or painful memories, it can help to gently release emotional blockages within the energy system. As a psychologist, I use the Body Talk system to help release a client's stored memories and traumas without having the client relive or remember the experiences. This is accomplished through a form of neuromuscular biofeedback, by which I am able to ask the body yes-or-no questions and receive answers directly from the body about the sequence for re-establishing these lines of communication. During a BodyTalk session the client is fully clothed and either relaxing on a massage table or in a comfortable chair.

The neuromuscular biofeedback a BodyTalk practitioner uses with clients is a form of applied kinesiology which usually involves the practitioner applying a slight pressure to the wrist or forearm of the client to determine the yes-or-no answer to the questions which guides the practitioner in using the BodyTalk Protocol Chart. The practitioner uses the BodyTalk Protocol Chart to determine the weakened or broken energy circuits in the client's body-mind complex. The practitioner using light touch will link these destination points in the sequence indicated, thereby constructing a "formula" that describes the energetic circuit that will be re-established. In addition, the practitioner also uses gentle tapping on the head which is believed to tell the brain to "fix" the faulty communication circuit and the heart to "store" the fix. This activates the brain and helps to facilitate the body's own ability to restore and maintain its optimum health.

If you have any reservations about physical touching as described above, please bring this to my attention immediately. You understand you have a choice about methods that use touch.

Although Energy Psychology methods and the BodyTalk System appear to have promising emotional, spiritual, and physical health benefits, they have yet to be fully researched by the Western academic, medical, and psychological communities, and therefore, may be considered experimental. Because Energy Psychology methods and the BodyTalk System are relatively new healing approaches, the extent of their effectiveness, as well as their risks and benefits, are not fully known. By signing this document you understand that Energy Psychology methods and the BodyTalk System are considered *alternative* or *complementary* to the healing arts that are licensed by the State of Wisconsin and the State of Wisconsin does not license practitioners of either Energy Psychology methods or the BodyTalk System. If you ever have questions or concerns about the nature of the theories, methods, approaches and/or techniques I use, please feel free to ask me for further resources or references.

Outcome Expectations/Risk & Benefits/Treatment Plan

It is impossible to guarantee any specific results regarding your goals using any of the approaches I offer in my practice. It is not known how you will personally respond to any of the approaches. However, we will work together to achieve the best possible results for you. Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. You will have to work both in and out of the counseling sessions. I will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation.

As with any intervention, there are risks associated with counseling and therapy. Risks during evaluation or therapy might include remembering, talking about, or experiencing unpleasant events which results in uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, worry, etc., or experiencing anxiety, depression or insomnia,

etc., or having difficulties with other people. I may challenge some of your assumptions or perceptions or propose different ways of looking at things or handling situations that can cause you to feel upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal problems or interpersonal relationships, may result in changes that were not originally intended. Being confronted with your difficulties can be very challenging. Some changes may lead to what seems to be worsening circumstances or even losses (for example, counseling can not necessarily keep a marriage intact). Psychotherapy may also result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes a decision that is positive for one family member is viewed negatively by another family member. Change will sometimes be easy and swift, but more often, it will be slow and even frustrating.

Within a reasonable period of time after the initiation of treatment, I will discuss with you my working understanding of the problem(s), treatment plan, therapeutic objectives, and my view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that I do not provide, I have an ethical obligation to assist you in obtaining those treatments

In addition, if you choose to use Energy Psychology methods or the BodyTalk System as part of your therapeutic work, emotional or physical sensations or additional unresolved memories may surface which could be perceived as negative side effects. With Energy Psychology methods or the BodyTalk System, it is possible to experience some emotional distress and physical sensations related to stressful or traumatic experiences you may have had earlier in your life. Please be advised that if we utilize Energy Psychology methods or the BodyTalk System, it's possible that previously vivid or traumatic memories may fade which is a positive outcome. However, this could adversely impact your ability to provide legal testimony that carries the same emotional impact as prior to using Energy Psychology methods or the BodyTalk System regarding a traumatic incident.

Other Important Information

Please be advised the approaches I offer are not intended to be a substitute for medical diagnosis or treatment and they do not replace the services of a licensed physician. You agree and understand it is your responsibility to consult with your physician for any specific medical problems. Further, you understand I may suggest you contact your physician if I believe it is advisable. In addition, you understand that any information shared during our sessions is not to be considered a recommendation that you stop seeing your physician or using prescribed medication, if any, without consulting with your physician, even if after a session it appears and indicates that such medication or treatment is unnecessary.

Education and Training

I earned my PhD in Counseling Psychology from Marquette University, Milwaukee, Wisconsin. I am licensed by the State of Wisconsin for independent practice as a psychologist – # 2410-057. I am also recognized by the National Register of Health Service Providers in Psychology –# 50660 and credentialed by the Council for Affordable Quality Healthcare [CAQH] – number 11664822.

I also have specialized training as a Health Psychologist, Diplomate in Comprehensive Energy Psychology, Certified BodyTalk Practitioner, and Clinical Traumatology Specialist. I hold active memberships within the Association for Comprehensive Energy Psychology [ACEP], the International BodyTalk Association [IBA], and the International Association of Trauma Professionals [IATP].

Acknowledgment and Consent to Receive Services

By signing this document and any attachments hereto, you acknowledge I have disclosed to you, in terms you understand, the nature and purpose of the services to be rendered by me and the limits and obligations associated with my services, including circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Further, you acknowledge that you have discussed with me and you understand and agree to the financial arrangements for my services and you have received a copy of my **Additional Client Information, Office Policies & Procedures** and **Client's Right & Grievance Procedures** both of which are attached hereto and incorporated herein by reference.

You understand that you are freely choosing to take advantage of my services and would otherwise have the option of using conventional health care services exclusively, provided by another professional health care provider of your choosing. You understand that your consent to the nature of our sessions is given voluntarily, without coercion, and may be withdrawn at any time in the future. If you are a minor, your parent or legal guardian hereby represents that you're competent and able to understand the nature and consequences of the proposed sessions.

You understand if you choose to use Energy Psychology methods or the BodyTalk System as part of our work together, that they are a relatively new healing approaches and the extent of their effectiveness, as well as their risks and benefits are not fully known and you agree to assume and accept full responsibility for any and all risks associated with using Energy Psychology methods or the BodyTalk System. Further, you agree and understand that this Agreement for Services is intended to be a complete unconditional release of liability and assumption of risk to the greatest extent permitted by law.

By signing in the space provided below, you knowingly, voluntarily, and intelligently assume these risks and except in the case of gross negligence or malpractice, agree to release, indemnify, hold harmless and defend Mind-Body Solutions LLC its owners, members, principals, employees, staff members, agents, representatives, consultants and others associated with Mind-Body Solutions LLC from and against any and all

Mind -  - Body Solutions^{LLC}

claims or liability, of whatsoever kind or nature, which you, or your representatives, may have for any loss, damage, or injury, including without limitation, physical, emotional, mental, financial, or personal, arising out of or in connection with your sessions.

Please sign both copies of this Client Informed Consent and Disclosure Statement/Agreement for Services. I will retain a copy for my confidential records. If you are a minor, you shall have your parent or legal guardian consent to and join this Agreement by signing in the space provided below.

Client's Signature

Date

Print Name: _____

I am the parent or legal guardian of the above-named minor, and I consent to and join in the foregoing Agreement on behalf of said minor.

Signed: _____

Date: _____

Print Name: _____

© 2015 Midge Murphy, all rights reserved. Any unauthorized use of this Agreement by parties other than Mind-Body Solutions LLC is prohibited by federal law. No part of this document may be reproduced or transmitted in any form or by any means, including photocopying, for public and/or private use without permission in writing from Midge Murphy (midge@midgemurphy.com).

Mind-Body Solutions LLC

Cindy Solliday, PhD, DCEP, CBP

Licensed Psychologist, WI License # 2410-057

12802 W. Hampton Avenue, Butler, WI 53007-1606

Phone: (262) 327-6381 Email: drcindy@mind-bodysolutions.com

Additional Client Information & Office Policies & Procedures

CLIENT INFORMED CONSENT AND DISCLOSURE STATEMENT AGREEMENT FOR SERVICES

1. Cancellation of Appointments

The scheduling of an appointment involves the reservation of time specifically for you. In the event of a "No Show" or failure to give a full 24-hour notice of a cancellation, you will be charged the full session fee for all late cancellations and missed appointments. Please be aware that insurance companies will not cover cancellation charges.

2. Confidentiality

With the exception of special situations described below, you have the absolute right to the confidentiality of your psychotherapy related services with me. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another healthcare provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act so as to protect your privacy to the best of my ability. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). *This clinic meets the minimum 2013 HIPPA Omnibus Rule privacy standards.* This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically, for example, sending bills or faxing information, it will be done with special safeguards to insure confidentiality. ***If you elect to communicate with me by email, Skype, instant messaging, Facebook or other forms social media at some point in our work together, please be aware that they are not completely confidential.*** All electronic communication is retained in the logs of your or my Internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrators of the Internet service provider. Any email I receive

from you, and any responses that I send to you, may be kept as a part of your treatment record.

This law also makes Business Associates and Subcontractors of Business Associates of Covered Entities directly liable for compliance with certain HIPAA Privacy and Security Rule requirements. Covered Entities are defined as providers of outpatient mental health, substance abuse and/or EAP services who receive payment for their services through insurance company reimbursements. Please be advised that compliance with these standards are strictly required for all services directly involved with insurance company reimbursements but **not** those where insurance company reimbursements are **not** directly involved.

Limits to Confidentiality

This next section reflects the types of uses and disclosures permitted not only by the HIPAA Privacy Standards but also by applicable state and federal law. The following are eight exceptions to your right to confidentiality:

1. There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child, an elderly person, or a disabled person is being abused, I must file a report with the appropriate state or local agency.
2. If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and contact the police, a local crisis team, or a family member or other intimates.
4. If you tell me of the behavior of another named health or mental health care provider which suggests that this person has either (1) engaged in sexual contact with a patient, including yourself, or (2) is impaired from practice in some manner due to cognitive, emotional, behavioral, or health problems, then the law requires me to report this to the practitioner's state licensing board. I would inform you before taking this step. If you are my client and also a healthcare provider, however, your confidentiality remains protected under the law from this kind of reporting.
5. In certain legal proceedings, particularly those involving child custody or those in which your emotional condition or treatment is an important issue, a judge may order my testimony. Confidentiality is not protected when a judge makes such an order or in certain other legal procedures. Consult with an attorney if you are involved in a legal situation where confidentiality may be at issue.
6. In certain cases of national security, I may also be required to report to appropriate local, state and/or federal authorities.

7. The following is not a legal exception to your confidentiality, but it is a policy you should be aware of if you are in *couples therapy* or *family therapy* with me. If you and your partner or other adult family member decides to have some individual sessions as part of the couples or family therapy, what you say in those individual sessions will be considered to be a part of the couples or family therapy. It can and very possibly will be discussed in our joint sessions. **Do not tell me anything you wish kept secret from the others involved in the therapy.**

8. I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, please discuss with me any questions or concerns that you may have. I will be happy to explore these issues with you, but formal legal advice may be needed from an attorney because the laws governing confidentiality can be quite complex.

NOTE: *State licensing regulations and other pertinent State laws and regulations were checked to determine if state law is more stringent than HIPAA. Since Wisconsin state law is more stringent, the applicable sections above were revised.*

3. Crisis, Urgent or Emergency Situations

I may not be available to respond to crisis, urgent or emergency situations or your after-hours needs and will not be held responsible for any damages occurring as a result of unmet crisis or acute care needs. If you are unable to reach me or feel that you cannot wait for me to return your call, please contact your family physician or ***First Call for Help*** in Waukesha County at **211** or **(262) 547-3388**. If you believe you cannot keep yourself safe, please call 911 or go to the nearest urgent care facility or hospital emergency room.

4. Session Frequency and Duration

I generally schedule one appointment of 60 minutes duration every week or every other week at a time we agree upon. Sessions may also, by prior agreement, be longer, shorter, more frequent, or less frequent. Session frequency and duration will vary between individuals and the specific problem(s) targeted. An estimate of session frequency and duration can be provided, but this is only an estimate. Session frequency and duration will vary depending on what you hope to accomplish. Many illnesses, "dis-eases," and/or disorders can be resolved in a relatively brief period of time, but this is dependent on many factors including severity, complexity, and client resources (for example environmental factors and soul support network). Preventative healthcare practices or health and wellness oriented approaches are, on the other hand, an ongoing, lifelong process.

5. Professional Fees

My fees vary depending on type and length of service provided. I offer insurance billing as well as self-pay options. We will discuss the different options available to you prior to the time my services are provided. Once you have determined which option is best for you we will sign an official professional fees agreement pertinent to the type of service or payment options you have selected and are best suited to your needs. All insurance co-pays and self-pay fees are due prior to the delivery of my services. I accept cash, check, debit, and credit card payments. **It is also very important to recognize that if your insurance carrier denies payment for any reason, you are still responsible for paying your bill in its entirety.**

In circumstances of financial hardship, I am willing to negotiate a fee payment schedule. If that is done and your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information released regarding a client's treatment is name, contact information, dates and type of services provided, and the amount due.

6. Insurance Reimbursement

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for my services. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what services your insurance policy covers. If you have questions about your benefits, call your plan administrator. Of course I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much coverage is available or the amount of out-of-pocket expenses [e.g. co-pays and deductibles] you will be responsible for.

"Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for my services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end. In rare cases, an insurance plan will not allow the same therapist to provide services once benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy related services.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share some of this information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems and complications described above.

7. Insurance Billing Company

I work with an insurance billing company – **JL Billing Services** – who handles all my insurance billing claims and/or related needs. If you elect to have your insurance company billed for my services instead of take advantage of my self-pay options, you will need to call my insurance billing company to pre-register for my services prior to our first appointment. JL Billing can be reach at **(262) 679-5040**. If any questions, problems or concerns arise regarding insurance billing claims or related issues I will be defer them directly to JL Billing for remediation.

8. Super Bill Options

If you choose to take advantage of the self-pay options for my services I can provide you with a super bill that you can submit to your insurance company for a reimbursement request from your insurance company directly to you for the fees charged for my services.

9. Contacting Me

I am often with a client or otherwise not immediately available by telephone. When I am unavailable, my telephone is answered by confidential voice mail at **(262) 327-6381**. I monitor my voice mail frequently and will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If it will be difficult to reach you, please inform me of some times when you will be available.

I am away from the office several times each year for vacations or to attend professional meetings. If I am not receiving or responding to phone or e-mail messages during those times, I will have someone cover my practice. I will tell you well in advance of any anticipated lengthy absences and give you the name and phone number of a professional colleague who will be covering my practice during my absence.

10. Minors

If you are under eighteen years of age, please be aware that the law may provide your parents or legal guardians the right to examine your treatment records. It is my policy to request an agreement from parents or legal guardians to waive their right to access your records in order to ensure your confidence in the confidentiality of your conversations with me. If they agree, I will provide them only with general information about our work together unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a general summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

11. Professional Records

I keep brief records on each session, primarily noting the date of the session, the topics discussed, the interventions used, and progress or obstacles observed as they relate to your treatment goals. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time. You also have the right, at your written request, to have me make available to any other healthcare provider a copy of your file. Under the 2013 HIPPA Omnibus Rule, you have a right to receive electronic copies of your treatment records with me and to restrict disclosures to a health plan concerning treatment for which you have paid out-of-pocket, in full, for my services. You also have the right to request that I correct any errors in your file. I maintain your records in a secure location that cannot be accessed by anyone else. I will maintain your records for at least seven years after our last contact, after which time I may securely dispose of them.

12. Other Aspects of Our Relationship

You have the right to ask me questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time.

I never engage in sexual intimacies with clients or former clients and generally avoid social and business relationships. Beyond the legal and ethical considerations, the therapeutic relationship is most effective when kept free from possible outside entanglements.

13. Psychotherapeutic Touch

Physical contact within psychotherapy, even a simple hug, has sometimes been frowned upon because touch can be easily misinterpreted and feel too intimate, uncomfortable, or sexual in nature. Touching in a sexual manner within the psychotherapeutic process is not only unethical, but illegal, and will never be a part of your treatment with me. There are times, however, when it is beneficial for me to hold my hands over or touch

certain energy points on your body. The theory behind such methods is that holding my hands over or touching these points can assist me and you in identifying and shifting imbalances in your body's energy system. If there are such times, you would remain fully clothed, with perhaps the exception of your shoes. I would always explain ahead of time where and how I would hold my hands or touch. Be forewarned, I am also a "hugger" and tend to greet and say good-bye to people with a hug. You can let me know if you are comfortable with any aspects of physical contact or not. I will always honor any requests not to touch.

Touch can also be a potential problem in a therapeutic relationship if you have had a history of paranoia, have been diagnosed with borderline personality disorder, have been sexually or physically abused, have suffered from other types of trauma, or if you tend to dissociate or detach from your sense of self. Please let me know if you fall into any of these categories prior to our starting our work together. We can discuss any emotional risks associated with touch that may be of concern to you. Furthermore, if you have any misgivings, doubts, or any negative reactions to any physical contact, it is very important that you let me know as soon as possible so that we can discuss your concerns. If you are uncomfortable talking to me, I encourage you to talk through such concerns with another professional. If you wish, I can make a referral for you.

14. Discharge

You normally will be the one who decides therapy will end, but there are three exceptions to this. If I determine that I am unable, for any reason, to provide you with the services you are requesting at a high professional standard, I will inform you of this decision and refer you to another healthcare professional who may better meet your needs. Second, if you verbally or physically threaten or harass me, my office staff, or my family, I reserve the right to terminate you from treatment immediately and unilaterally. Third, I reserve the right to refuse or terminate a session if you or anyone in the session is suspected of being under the influence of a mood altering substance. You will be responsible and charged for full payment of the normal fee.

15. Client Code of Conduct

- You are responsible to demonstrate respect and dignity for yourself and others.
- You are responsible to be considerate of the rights of other clients and Mind-Body Solutions LLC staff.
- You are responsible for maintaining the confidentiality and anonymity of other clients. This is particularly important during group counseling. Groups are most effective when members trust that other members will not disclose to others what they hear in-group.
- You are responsible to do no harm to yourself or others. If you begin feeling like you want to harm yourself or others, discuss these feelings, thoughts, concerns and plans with me immediately.

- You are responsible to **not** bring or have in your possession **any** alcohol, drugs, or illegal substances, weapons or harmful items on Mind-Body Solutions LLC property.
- You are responsible for respecting the property and rights of all other clients and Mind-Body Solutions LLC staff.
- You are expected to attend all sessions and to comply with the 24-hour cancellation policy.
- You are responsible for paying all fees for services provided, in full, at the time of service unless we have agreed to other arrangements beforehand, in writing.

**VIOLATIONS OF THE CLIENT CODE OF CONDUCT CAN LEAD TO
IMMEDIATE TERMINATION OF SERVICES**

Mind-Body Solutions LLC

Cindy Solliday, PhD, DCEP, CBP

Licensed Psychologist, WI License # 2410-057

12802 W. Hampton Avenue, Butler, WI 53007-1606

Phone: (262) 327-6381 Email: drcindy@mind-bodysolutions.com

Client Rights & Grievance Procedures

CLIENT INFORMED CONSENT AND DISCLOSURE STATEMENT AGREEMENT FOR SERVICES

A Review of Client's Rights

When you receive any type of psychotherapy related service you have the following rights under Wisconsin Statute sec. 51.61 (1) and DHS 94, Wisconsin Administrative Code.

Personal rights

- You must be treated with dignity and respect, free from any verbal, physical, emotional or sexual abuse.
- You have the right to have staff make fair and responsible decisions about your treatment and care.
- You may not be treated unfairly because of your race, national origin, sex, age, religion, disability, or sexual orientation.
- You may not be filmed, taped, or photographed unless you agree to it.

Treatment rights

- You have the right to information, are entitled to know the benefits, risks, including alternatives to and possible side effects of treatment as well as financial costs of treatment.
- You must be provided prompt and adequate treatment appropriate for you.
- You must be allowed to participate in the planning of your treatment and care.
- No treatment or medication may be given without your written, informed consent, unless it is needed in an emergency to prevent serious physical harm to you or others, or a court orders it. [If you have a guardian, however, your guardian may consent to treatment and medications on your behalf.]
- You may not be given unnecessary or excessive medication.
- You have a right to the least restrictive conditions to achieve your treatment goals.
- You have the right to be free from physical restraint unless to prevent harm to self or other.
- You have the right to not be the subject of research without your consent.

Records access and privacy rights

- Your treatment information must be kept private (confidential), unless the law permits disclosure.
- Your records may not be released without your consent, unless the law specifically allows for it.
- You may ask to see your records. You must be shown any records about your physical health or medications.
- Staff may limit how much you may see of the rest of your treatment records while you are receiving services. You must be informed of the reasons for any such limits. You may challenge those reasons through the grievance process.
- After discharge, you may see your entire treatment record if you ask to do so.
- If you believe something in your records is wrong, you may challenge its accuracy. If staff will not change the part of your record you have challenged, you may file a grievance and/or put your own version in your record.
- A copy of sec. 51.30 Wis. Stats. and/or HFS 92, Wisconsin Administrative code, is available upon request.

Grievance procedure and rights of access to courts

- Before treatment is begun, you must be informed of your rights and how to use the grievance process.
- If you feel your rights have been violated you may file a grievance with any staff member.
- You may not be threatened or penalized in any way for presenting your concerns informally by talking with staff, or formally by filing a grievance.
- You may, instead of filing a grievance or at the end of the grievance process, or any time during it, choose to take the matter to court to sue for damages or other court relief if you believe your rights have been violated.

Formal Grievance Resolution Stages

Informal Discussion (Optional)

If you are unhappy with the way your services with me are proceeding, I hope you will talk about it with me so that I can respond to your concerns directly. I will take such concerns seriously and meet them with care and respect. You are also free to discuss any complaints about me with anyone you wish. You do not have any responsibility to maintain confidentiality about what I say or do. You are the person who has the right to decide what you want kept confidential. If you believe that I have been unwilling to listen and respond, or that I have behaved unethically, you can register a formal complaint about my behavior as detailed below.

Grievance Investigation--Formal Inquiry

- If you want to file a formal grievance, you should do so within 45 days of the time you become aware of the problem. Any Mind-Body Solutions members may grant an extension beyond the 45-day time limit.

-
- Mind-Body Solutions members will investigate your grievance and attempt to resolve it.
 - Unless the grievance is resolved informally, we will write a report within 30 days from the date you filed the formal grievance. You will get a copy of the report.
 - If you and the Mind-Body Solutions member agree with the report and recommendations, the recommendations shall be put into effect within an agreed upon time frame.
 - You may file as many grievances as you want. However, we will usually only work on one at a time. We may ask you to rank them in order of importance.

Member's Decision

- If the grievance is not resolved through the report, the Mind-Body Solutions members or designee shall prepare a written decision within 10 days of receiving the report. You will be given a copy of the decision.

Independent Professional Colleague Review

- **If you are not happy with the Mind-Body Solutions members decision, you can contact another licensed professional for a second opinion and/or independent grievance review.**
- **You must seek this independent professional colleague review within 14 days after receipt of the Mind-Body Solutions decision.**
- **Dr. Rebecca C. Anderson, Licensed Psychologist with the state of Wisconsin, has agreed to provide her professional assistance with grievance reviews for Mind-Body Solutions as a practicing independent professional colleague of mine.**
- You may ask Mind-Body Solutions members to forward your request for an independent professional colleague grievance review to Dr. Anderson or you may send it yourself.
- **Dr. Anderson can be reached at (414) 955-7600 or rsanders@mcw.edu**
- **Dr. Anderson will provide her opinion and/or the results from her independent professional colleague grievance review within 30 days of your request.**

County Level Review

- If you are receiving services from a county agency, or a private agency and a county agency is paying for your services, you may also appeal the Mind-Body Solutions member's decision to the County Agency Director. You must make this appeal within 14 days of the day you receive the members' decision. You may ask Mindy-Body Solutions members to forward your grievance or you may send it yourself.
- The County Agency Director must issue his or her written decision within 30 days after you request this appeal.

State Licensing Board Review

- If your grievance went through the independent professional colleague and county level of review and you are dissatisfied with their decisions, you may appeal it to the State Licensing Board.

- You must appeal to the State Licensing Board within 14 days of receiving the decision from the previous appeal level. You may ask Mind-Body Solutions members to forward your grievance to the State Licensing Board or you may send it yourself. The address is: Department of Safety and Professional Services, P.O. Box 8935, Madison, WI 53708-8935. You can also contact the Department of Safety and Professional Service by phone at: (608) 266-2264.

Final State Review

- Any party has 14 days of receipt of the written decision of the State Licensing Board to request a final state review by the Administrator of the Division of Mental Health and Substance Abuse Services (DMHSAS) or designee. Send your request to the DHS Administrator, P.O. Box 7851, Madison, WI 53707-7851.

You may ask for my assistance or any other member of Mind-Body Solutions assistance if you would like to file a grievance or learn more about the grievance procedure at any time.