

Genesis Counseling Services, Ltd.

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www.genesiscounselingservices.com

General Information

Clinic Standards:

Genesis Counseling Services is certified by the Wisconsin Department of Health and Family Services to provide Out-Patient Mental Health and Substance Abuse treatment. Clinic standards have been developed to ensure that services of adequate quality are provided to clients. Providers are under the supervision of a licensed psychologist or psychiatrist.

Confidentiality:

Unless a specific exception exists, your provider will not speak or otherwise share information with anyone, outside of a parent or legal representative, without signed written consent. If a client reveals that they intend to seriously injure themselves or someone else, or if there is reasonable probability of such harm, the provider has a legal responsibility to alert the client's family and/or the appropriate law enforcement agency.

The law specifically requires providers to report any knowledge of child abuse. If a client is being investigated for child abuse, child neglect, sexual molestation or other such offenses, this clinic may be lawfully contacted for information bearing upon these charges and required to cooperate with this request for information.

Consultation:

If you wish to consult with another provider during the course of your treatment, please make this known to your provider or the Clinic Administrator, Pamela Stephens, who will assist you in making such an appointment. A change in providers must be justified and authorized by your provider or the Clinic Administrator.

Client Rights and Privacy Practices:

You have reviewed a copy of the **Client Rights and Privacy Practices**. If you have any questions regarding that information, please feel free to discuss such with your provider. If you believe that your client rights have been violated, you may contact the Client Rights Specialist whose address and phone number appear on that form. If you believe that your privacy rights have been violated, you may ask to speak with the Clinic Administrator, Pamela Stephens, or submit a written complaint to the U.S. Department of Health and Human Services.

Treatment Plan:

At the completion of the Intake Assessment, when all information has been obtained and evaluated, your therapist will develop a treatment plan. You are encouraged to speak with your therapist about concerns you may have regarding that plan, including: risks and benefits, treatment alternatives, and possible consequences of not following the treatment recommendations.

With my signature below, I acknowledge that I have read (or had read to me) the above information. I have reviewed the client rights, privacy rights, and grievance procedures. I understand this information, and I give my consent to treatment with the understanding that I may withdraw my consent at any time in writing.

Client/Representative Signature / Date

Office Staff Signature / Date