

Couples Therapy at Lakefront Wellness Center, S.C.

Introduction and Preliminary Assessment

Welcome!

On behalf of the psychotherapists at Lakefront Wellness Center, welcome to our couples' therapy program. We would like to congratulate you on determining to make your relationship better by committing to couples' work. Couples enter therapy for a variety of issues; some are without hope, while others simply want to be proactive in their marriage and learn better relating skills. Wherever you are in terms of your needs, we believe that our tools for relationship building will be helpful in strengthening your relationship with yourself, your mate, and your family.

Does your relationship have symptoms that are commonly associated with marital dysfunction?

- Avoidance of communication with spouse
- Fear of conflict with spouse
- Passive-aggressive behavior (behaviors meant to make your spouse mad)
- Lack of self/other awareness
- Feelings of inadequacy as a spouse
- Lack of leadership/structure in the family
- Disappointment and anger at spouse
- Financial problems
- Overwhelmed with Responsibility
- Pornography abuse
- Mid-life crisis
- Emotional or sexual affairs
- Work-aholism
- Emotional Divorce
- Depression that manifests as irritability and or withdrawal
- Low libido/sexual incompatibility
- Nagging and criticism
- Excessive conflict
- Decreased satisfaction with life
- Behavior problems in children
- Chronic Unemployment
- Drug/Alcohol Abuse
- Domestic Violence
- Verbal Abuse
- Mental Illness
- Lack of friendship with spouse
- Taking on parent role with your spouse
- Loss of respect for spouse
- Blended Family Issues

Yes, my marriage has some of these symptoms but is it worth it to work on my relationship?

At Lakefront Wellness Center, we believe that even good relationships benefit from proactive efforts to enhance the relationship. Every couple's relationship has some issue just as every person has some quirk. If you believe your relationship is in trouble, we encourage you to call to set up an appointment. We value the institution of marriage and our mission is to help strengthen and save marriages. Here are some reasons to give your marriage that fighting chance.

♥ Couples often endure years of pain in their marriage before help is sought and often divorce occurs with no counseling at all. ***If you've made the choice to stay with your marriage this long, isn't it worth giving your marriage a little more time to see if change is possible*** We encourage you to experience a different kind of pain... the pain that is associated with positive change. Yes, to be successful in repairing your relationship, *you will have to give up* habits and resentments and it may feel like you are being robbed of your "right" to feel a certain way. This can cause (good) pain. Positive changes will require hard work and a commitment of at least six months to a year. That might seem like a long time; however, the reality of the commitment is less than 30 hours of work to change patterns that have evolved over many years.

♥ People seek divorce to make the pain go away; however the pain that is escaped with divorce may be replaced by different types of stressors (e.g., single parenting, loss of income). As these new stressors are negotiated, people may think: ***Did I give my marriage the chance it deserved? Did we make the right decision?*** Often, when marriages end *without* a thorough analysis of what has gone wrong, the behaviors that existed in this relationship are then transferred to a new relationship. The statistics for second marriages support our assertion: you may be better off fixing the relationship you are in rather than finding a new one. Divorce rates climb for every successive marriage.

♥ Not every couple is in serious trouble when they make the decision to work on their marriage. Some couples are proactive and have issues that can be corrected within a few sessions. Simple changes sometimes improve the quality of the relationship and provide new inspiration for the relationship.

♥ The marital relationship sets the tone for the entire family. Your success as a couple is the environment that helps your children thrive, now and in the future.

♥ Your relationship with your spouse is the model for your children's relationship with their future spouse. Quite often we duplicate patterns from our parents' relationship. *Is your marriage worth duplicating?*

About Couples Therapy at Lakefront Wellness Center

OPTIONS : Conjoint Couples Therapy or Traditional Couples' Therapy

What is traditional couples' therapy? The traditional approach to couples' therapy is when one therapist treats the couple. Exploration of individual needs is limited and the focus is issues common to the couple. The therapist meets individually with members of the couple on only a limited basis to gather information or clarify issues. If individual work is needed (and it often is) a referral could be made to a separate therapist for individual therapy while the couples' therapist continues working with the couple.

- This approach is less costly (one co-pay per visit vs. two co-pays for Conjoint Couples Therapy) and potentially less time consuming.
- Many couples prefer this approach as they wish to focus on the marriage and they do not anticipate that they need individual support.

What happens to our therapy if we decide to divorce or separate? In traditional couples therapy, the couple can continue to see their therapist for assistance with separation and divorce issues when both agree and it is low-conflict. This is unusual. Typically, the couple is referred for individual treatment should they desire to continue with supportive care. This is because the couple's therapist is put in a position of conflict of interest should he/she see one or both members of the couple during or after divorce.

What is Conjoint Couples Therapy? As a solution to some of the limitations of Traditional Lakefront Wellness Center offers Conjoint Couples' Therapy (CCT). The approach is intensive and is best for complicated relationship problems. The director assigns an individual therapist to each member of the couple. By using two therapists we avoid some of the common problems encountered in the traditional approach. You are treated individually and in couples' therapy at the same time. Your issues and history are thoroughly examined and understood in the first sessions of treatment in individual sessions. Your therapist also works outside of your sessions with your spouse's therapist discussing issues relevant to your couples' therapy. The couple meets conjointly with both therapists on a schedule agreed upon by all parties. Together, the therapists and the couple come up with a plan that accommodates the unique problems in each relationship.

- The advantage of adding individual treatment while doing couples' work is vital when complex issues arise in couples therapy. We may break for one or more weeks to discuss the issues privately. If your marriage has been in trouble for awhile, or is in serious trouble now, this may be the treatment option for you.
- If couples work is ended due to separation or divorce, there is no need to transfer to a new therapist, as in Traditional Couples Therapy.
- A barrier for beginning CCT is that it may take longer and be more expensive because each therapist bills separately. If insurance is involved, this is usually not a significant issue for couples as cost only applies to co-pay, co-insurance or deductibles.

Psychoeducational Seminars at Lakefront Wellness Center

In addition to marital therapy, Lakefront Wellness Center has partnered with thinkmarriage.org. Think Marriage provides education classes to married couples throughout Wisconsin. Several of our therapists have certified with **Think Marriage** and offer training courses in **Marriage Links**, **Family Wellness** and **10 Great Dates**. Lakefront Wellness Center will be hosting seminars on a regular basis for clients and couples in the community. See thinkmarriage.org for dates of these seminars, as well as postings in the clinic.

When the relationship is not improving...

We hear many people say they want to make their relationship work but deep in their heart they hold another truth that determines the true destiny of their marriage. We have the tools to improve every relationship **unless** there is a lack of motivation. We can help you with the things that have led to poor motivation but ultimately motivation and the power to change rest in your hands.

Unfortunately, many couples come to treatment after people have lost their motivation to try and bitterness has set in. Unless there is forgiveness and a restoration of motivation, it may be too late for the couple to make the changes necessary to restore their marriage. In the couples' assessments that each couple completes, we ask about motivation for change and their commitment to the marriage. We feel that when motivation and commitment are low (and non-responsive to change after therapy), it may be the therapist focus to assist the couple in the process of separating. Our approach may change to include **Therapeutic Separation (TS)**. TS is the last resort treatment for couples who have been stuck and are not responding to couples therapy. It includes separation, without attorneys, and a continued commitment to couples therapy. The hope is that separation will move the couple into a clear direction to stay together or to move toward divorce.

Ground Rules of Marital Therapy at Lakefront Wellness Center

- 1 We are asking for at least a 6-month commitment before making any decision regarding divorce. We ask that you do not threaten divorce during this time period. Threats of divorce create an unsafe environment for change. If either spouse changes their intention about this commitment, they will inform each other and his/her therapist as soon as possible.
- 2 Both parties must agree to work fully and cooperatively with marital counseling. You do not make it easier on yourself or your spouse by going through the motions of therapy while your true intention is for the relationship to end. It is better to be upfront about your lack of desire to make the marriage work. If you are too afraid to let your spouse know where you are at in the motivation and commitment areas, please ask your therapist to assist you with this disclosure.
- 3 If you are having an extra-marital affair, this must end immediately! This means no contact! We will not work in couple's therapy if an affair continues in any capacity. This includes relationships in which there is an intense emotional involvement which may be more appealing than the marital relationship. Our primary objective is to establish the marital relationship as the main source emotional needs satisfaction.
- 4 If you disclose an affair to your individual therapist, including emotional affairs, internet sex, or any other form of infidelity, your therapist is obligated to make this information available to all members of the treatment team, including your spouse. How this information is shared is discussed prior to its sharing. If you have lied about your continuance of an affair and it is discovered during the course of marital therapy, you are in violation of the marital therapy contract and your rights to treatment may be altered. For example, if your spouse is no longer comfortable with you in the same treatment environment, you may be referred because you have violated the marital therapy contract and your spouse's safety is then our primary concern.
- 5 When marital therapy is active, 100% confidentiality has its unique limits. What you share in individual therapy may also be shared with your spouses' therapist and may also be integrated into CJM. Generally, we discuss what will be discussed in CJM when we are in individual sessions. If it has not been discussed ahead of time, but your therapist feels it is appropriate to share material from your individual session, he/she will usually ask permission before sharing.
- 6 We ask for compliance with homework. We may ask you to practice communication techniques at home. If you do not practice, it reveals treatment obstacles that must be brought to light or it is an indicator that motivation is inadequate.
- 7 We ask that you respect the boundaries established by your therapists. If you feel a need to alter boundaries, please discuss this with your therapist. For example, you may be asked not to discuss certain issues without our assistance. In extremely chaotic situations, you may be asked to abstain from sex for a period of time.
- 8 Blaming, name calling and criticism are destructive to the treatment process. If you are patient with our process, you will learn alternative ways to problem solve. We ask that you provide your partner with safety via adherence to our communication rules that will be taught to you.

- 9 Both parties agree to use individual sessions to focus primarily on individual issues and needs for change versus excessive focus on spouse's flaws.
- 10 Safety and honesty in the sessions are very important. Both parties agree to allow each other to share freely in sessions, without using the shared information as a weapon after the counseling sessions. Often it is best not to discuss the details of the session on the drive home. Wait until you are home when a discussion can be done where both parties can leave the situation to "cool off" if needed.
- 11 Spouses can not be the sole source of support and safety for each other. Each spouse needs to identify with his/her therapist a personal support network that is also safe for the marital relationship. The purpose of the support network is to provide each person with resources when they are emotionally needy or require accountability. Some examples include family members, friends, therapist, mentor, activities, church affiliations, God, books or videos. Both spouses agree that they will use their support network to facilitate expression of feelings and healing and not for the intention of verbally attacking his/her spouse.

Client Signature

Date

Therapist Signature

Date

Lakefront Wellness Center, S.C.

161 W. Wisconsin Ave. Ste 2B
Pewaukee, WI. 53072
Ph: 262.695.8857 Fax: 262.695.8879
www.lakefrontwellness.com

Patient Questionnaire - Couple

Date: _____

Form 4f1couples1

Welcome, we're glad you're here! Please take time to answer the following questions.
Confidential Record: note that your information will not be released except when we are authorized to do so.

Name: _____ Age: _____ Date of Birth: _____

Home Ph: _____ Sex: _____ Height: _____

Work Ph: _____ Race: _____ Weight: _____

Address: _____

City: _____ State: WI Zip: _____

Email: _____

How long at this address? _____ With whom do you live? _____

Emergency Contact: _____ Phone: _____

Relationship Status

Never Married Married Separated Divorced Remarried

Widowed Significant relationship Number of marriages _____

Reason For Seeking Assistance

Health History

Who is your primary physician? _____ What clinic do you attend? _____

When were you last seen by a physician? _____

Are you currently being treated for a medical condition? _____

Please list any medications you are taking now: _____

Do you have any food, drug or environmental allergies? _____

Do you have any medical concerns? _____

How would you describe your eating habits? _____

How would you describe your exercise habits? _____

How do you view your health? Excellent Good Fair Poor

Social History

Your birthplace (city): _____

Has your family moved often? _____

Where were you raised? _____

Are you adopted? YES NO If yes, what is known about your biological parents? _____

FAMILY MEMBERS

	FIRST NAME	OCCUPATION	MENTAL HEALTH
(Your) Mother			

Describe your relationship: _____

<input type="checkbox"/> N/A	FIRST NAME	OCCUPATION	MENTAL HEALTH
(Your) Father			

Describe your relationship: _____

<input type="checkbox"/> N/A	FIRST NAME	OCCUPATION	MENTAL HEALTH
(Your) Stepmother			

Describe your relationship: _____

<input type="checkbox"/> N/A	FIRST NAME	OCCUPATION	MENTAL HEALTH
(Your) Stepfather			

Describe your relationship: _____

	FIRST NAME	OCCUPATION	MENTAL HEALTH
(Your) Brothers and Sisters			

Describe your relationship(s): _____

	FIRST NAME	OCCUPATION	MENTAL HEALTH
(Your) Spouse			

Describe your relationship: _____

Length of relationship: _____

	FIRST NAME	OCCUPATION	MENTAL HEALTH
(Your) Previous Spouse			

Describe your relationship: _____

Length of relationship: _____ Date of divorce or death: _____

	FIRST NAME	OCCUPATION	MENTAL HEALTH
(Your) Child			

Describe your relationship: _____

	FIRST NAME	OCCUPATION	MENTAL HEALTH
(Your) Child			

Describe your relationship: _____

	FIRST NAME	OCCUPATION	MENTAL HEALTH
(Your) Child			

Describe your relationship: _____

	FIRST NAME	OCCUPATION	MENTAL HEALTH
(Your) Child			

Describe your relationship: _____

Education

Last grade of completion: _____ Are you attending school now? Yes No
 ELEMENTARY, MIDDLE SCHOOL, HIGH SCHOOL
 Average grades: _____ Did you make friends easily? _____
 Any special education services? _____
 Any extracurricular activities? _____
 Any discipline/ behavioral problems? _____

Employment

Occupation: _____ What shift? _____
 How long have you been at your present job? _____ Any special training? _____
 Do you have any current employment concerns? _____
 Financial concerns? _____

Military History

Are you ever in the military? Yes No If yes, did you have combat experience? Yes No
 Do you have any concerns about this aspect of your life? _____

Legal

Have you ever been arrested? Yes No If yes, what charges? _____
 Do you have any current legal concerns? _____

Social Supports

Religion/ Faith

Do you profess a faith? Yes No
 If yes, what activities do you participate in? _____
 Is this an import aspect of your life? Yes No Where do you attend activities? _____
 Is it too personal or sensitive for you to be asked about faith beliefs? Yes No

If yes, skip the following set of questions. Leave open the question of why it would be offensive.

Do you rely on your faith beliefs and/or prayer to help you through hard times?
 Do you feel that religion/spirituality is relevant to your everyday life?
 Has your belief system been affected by any major events in your life?
 How important would it be to you to include discussion about your faith into therapy sessions? Scale of 1-10. _____
 1 being the least, 10 being the greatest.

Communication Inventory

Instructions: Below is a list of items on communication between you and your spouse or significant other. There are five possible answers. Please circle the number which best represents the extent to which you and your spouse or significant other behave in the specified way.

1. **How often do you and your spouse talk over pleasant things that happen during the day?**
1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently
2. **How often do you and your spouse talk over unpleasant things that happen during the day?**
1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently
3. **Do you and your spouse talk over things you disagree about or have difficulties over?**
1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently
4. **Do you and your spouse talk about things in which you are both interested?**
1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently
5. **Does your spouse adjust what he (she) says and how he (she) says it to the way you seem to feel at the moment?**
1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently
6. **When you start to ask a question, does your spouse know what it is before you ask it?**
1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently
7. **Do you know the feelings of your spouse from his (her) facial expression and bodily gestures?**
1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently
8. **Do you and your spouse avoid certain subjects in conversation?**
1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently
9. **Does your spouse explain or express himself (herself) to you through a glance or gestures?**
1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently
10. **Do you or your spouse discuss things together before making an important decision?**
1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently
11. **Can your spouse tell what kind of day you have had without asking?**
1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently
12. **Your spouse wants to visit some close friends or relatives. You don't particularly enjoy their company. Would you tell him (her) this?**
1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently
13. **Does your spouse discuss matters of sex with you?**
1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently

14. Do you and your spouse use words which have a special meaning not understood by outsiders?

1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently

15. How often does your spouse sulk or pout?

1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently

16. Can you and your spouse discuss your most sacred beliefs without feelings of restraint or embarrassment?

1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently

17. Do you avoid telling your spouse things which put you in a bad light?

1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently

18. You and your spouse are visiting friends. Something is said by the friends which causes you to glance at each other. Would you understand each other?

1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently

19. How often can you tell as much from the tone of voice of your spouse as from what he (she) actually says?

1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently

20. How often do you and your spouse talk with each other about personal problems?

1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently

21. Do you feel that in most matters your spouse knows what you are trying to say?

1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently

22. Would you rather talk about intimate matters with your spouse than with some other person?

1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently

23. Do you understand the meaning of your spouse's facial expressions?

1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently

24. If you and your spouse are visiting friends or relatives and one of you starts to say something, does the other take over the conversation without the feeling of interrupting?

1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently

25. During marriage, have you and your spouse, in general, talked most things over together?

1 = Never 2 = Seldom 3 =Occasionally 4 = Frequently 5 = Very frequently

FORM 6.5. Primary Communication Inventory. Reprinted from Navran (1967). Reprinted with permission from Vol. 6, 1967: 173–184, *Family Process*. Copyright 1967 by *Family Process*.—From *Outcomes and Incomes* by Paul W. Clement. Permission to photocopy this form is granted to purchasers of *Incomes and Outcomes* for personal use only (see copyright page for details).

Intimacy Scale – Part 1

Indicate your perception of your relationship using the following scale: Record your perception by circling the best answer.

1. We want to spend time together.

1 = Never 2 = Occasionally 3 = Sometimes 4 = Often 5 = Frequently 6 = Almost always 7 = Always

2. He or she shows me that he or she loves me.

1 = Never 2 = Occasionally 3 = Sometimes 4 = Often 5 = Frequently 6 = Almost always 7 = Always

3. We're honest with each other.

1 = Never 2 = Occasionally 3 = Sometimes 4 = Often 5 = Frequently 6 = Almost always 7 = Always

4. We can accept each other's criticism of our faults and mistakes.

1 = Never 2 = Occasionally 3 = Sometimes 4 = Often 5 = Frequently 6 = Almost always 7 = Always

5. We like each other.

1 = Never 2 = Occasionally 3 = Sometimes 4 = Often 5 = Frequently 6 = Almost always 7 = Always

6. We respect each other.

1 = Never 2 = Occasionally 3 = Sometimes 4 = Often 5 = Frequently 6 = Almost always 7 = Always

7. Our lives are better because of each other.

1 = Never 2 = Occasionally 3 = Sometimes 4 = Often 5 = Frequently 6 = Almost always 7 = Always

8. We enjoy the relationship.

1 = Never 2 = Occasionally 3 = Sometimes 4 = Often 5 = Frequently 6 = Almost always 7 = Always

9. He or she cares about the way I feel.

1 = Never 2 = Occasionally 3 = Sometimes 4 = Often 5 = Frequently 6 = Almost always 7 = Always

10. We feel like we are a unit.

1 = Never 2 = Occasionally 3 = Sometimes 4 = Often 5 = Frequently 6 = Almost always 7 = Always

11. There's a great amount of unselfishness in our relationship.

1 = Never 2 = Occasionally 3 = Sometimes 4 = Often 5 = Frequently 6 = Almost always 7 = Always

12. He or she always thinks of my best interest.

1 = Never 2 = Occasionally 3 = Sometimes 4 = Often 5 = Frequently 6 = Almost always 7 = Always

13. I'm lucky to have him or her in my life.

1 = Never 2 = Occasionally 3 = Sometimes 4 = Often 5 = Frequently 6 = Almost always 7 = Always

14. He or she always makes me feel better.

1 = Never 2 = Occasionally 3 = Sometimes 4 = Often 5 = Frequently 6 = Almost always 7 = Always

15. He or she is important to me.

1 = Never 2 = Occasionally 3 = Sometimes 4 = Often 5 = Frequently 6 = Almost always 7 = Always

16. We love each other.

1 = Never 2 = Occasionally 3 = Sometimes 4 = Often 5 = Frequently 6 = Almost always 7 = Always

Marital History Form

1. How did you and your spouse meet?
2. What attracted you to your spouse before the marriage?
3. What values did you and your spouse share? What values did you differ on?
4. What was your dating experience like? How did you relate to each other and what would you do together? Any pre-marital stressors on the relationship?
5. How did you know you wanted to marry each other? What was discussed?
6. Describe your wedding experience (i.e. your feelings, the planning, family influence, your interaction with each other).
7. What was the first year of your marriage like?
8. How were feelings expressed between you and your spouse early in the relationship? How is it different now?
9. What are the strengths of your relationship?
10. What are your beliefs about why current problems exist?

20. If you have children, what parenting approach do you try to implement?

21. How has employment or other responsibilities impacted your marriage?

22. On a scale of 1-10, How committed are you to your marriage? Explain.

23. On a scale of 1-10, How open are you to personal change and willingness to cooperate with the necessary treatment requirements?

Other Comments:

Lakefront Wellness Center, S.C.

161 W. Wisconsin Ave. Ste. 2B

Pewaukee, WI. 53072

Ph: 262.695.8857 Fax: 262.695.8879

www.lakefrontwellness.com

Client's Bill of Rights and Grievance Process

Form 4d

The client has the right to:

- Receive treatment that is respectful, helpful, and free from sexual, physical, and emotional abuse. The treatment should be given in a safe environment and the client can end treatment without obligation or harassment.
- Report unethical and illegal behavior by a therapist.
- Ask questions about therapy services, including alternatives of treatment modalities and possible side effects of medications.
- Request that your therapist make fair and reasonable decisions about your treatment.
- Request and receive full information about the therapist's professional capabilities, including licensure, education, training, experience, professional association membership, specialization, and limitations.
- Written information about fees, methods of payment, insurance reimbursement, number of sessions, therapist substitutions (in cases of vacation), and cancellation policies before beginning therapy.
- Refuse to answer any questions you choose not to reveal.
- Refuse electronic recording.
- Know the limits of confidentiality and the circumstances in which a therapist is legally required to disclose information to others.
- Know if there are supervisors, consultants, or others with whom your therapist will discuss your case.
- Request, and in most cases, receive a summary of your file; including the diagnosis, progress, and type of treatment.
- Request a transfer of a copy of your file for another therapist or agency.
- Receive a second opinion at any time about your therapy and therapist's methods.
- Not be given unnecessary or excessive medication.
- Not be restrained or placed in a locked room (seclusion) unless in an emergency when it is necessary to prevent physical harm to you or to others.

Records

- Client's treatment information must be kept private and client's records cannot be released without the client's consent unless the law specifically allows for it.
- Clients can ask to see their records. Clients must be shown any records about their physical health or medications. Clients may be limited to how much they may see of the rest of their record while receiving services. Clients must be informed of the reasons for any such limits. Clients can challenge those reasons in the grievance process. After discharge, clients can see their entire record if they ask to do so.
- If clients believe something in their records is wrong, they can challenge the accuracy. If staff will not change the challenged part of a record, clients can put their own version in the record.
- Clients may request their treatment record, in writing, be released to another licensed professional.
- Records shall be destroyed after 7 years.
- Records shall remain in the custody of the clinic if the client's provider leaves employment with the clinic.
- Certain health information is electronic and is transmitted electronically for insurance purposes.

Grievance Resolution Process:

- If you feel your rights have been violated, you may file a grievance. You cannot be threatened or penalized in any way for filing a grievance. The service provider or facility must inform you of your rights and how to use the grievance process. You may, at the end of the grievance process, or any time during it, choose to take the matter to court. The Client Right Specialists at Lakefront Wellness are Dr. Beth A. Johnson and Dr. Peder Piering.

Involuntary Discharge:

- A client may be asked to leave at the discretion of the director for: non-payment, inappropriate behavior, or due to the clinic not being able to sufficiently treat the client due to their unique mental health needs.

I have read and understand the above information about patient rights and grievances.

Patient Signature

Date

Lakefront Wellness Center, S.C.

161 W. Wisconsin Ave. Ste. 2B
Pewaukee, WI. 53072
Ph: 262.695.8857 Fax: 262.695.8879
www.lakefrontwellness.com

INFORMED CONSENT AGREEMENT

Form 4c

PURPOSE

The purpose of this agreement is to set forth the basic provisions concerning your treatment provider, admission, treatment, discharge, and follow-up.

UNDERSTANDING

1. Admission to outpatient treatment is voluntary and may be terminated by the patient at any time for any reason. Consent may be withdrawn in writing.
2. You have the right to have your treatment provider make fair and reasonable decisions about your care and participate in your treatment planning.
3. Treatment methods, benefits, and possible alternatives will be explained to you as well as the consequences of not receiving treatment. The risks and benefits will be explained to you. You have the right to decline these treatments.
4. Fees and billing procedures will be explained to you in advance.
5. You will not be recorded or videotaped without your written consent or knowledge.
6. Any testing, reports, consultation, and/or referral procedures will be explained to you.
 - a) A copy of your rights as a patient, as approved for under Wisconsin Statute 51.61, has been given to you. These rights explain grievance procedures.
 - b) You may ask to see or be seen by your therapist's supervisor.
 - c) A copy of this signed form is available to you upon request.
7. Treatment information is considered confidential within certain state and federal limitations.
8. The limits (exceptions) to confidentiality of treatment information are:
 - a) To prevent harm or injury to myself or someone else, including child and elder abuse; and
 - b) By order of a judge.
9. Your treatment provider may terminate your admission during the course of treatment for the following reasons:
 - a) Noncompliance with the course of treatment or violation of clinic rules;
 - b) Repeated cancellations or missed appointments;
 - c) Not contacting the clinic for 30 consecutive days;
 - d) Aggressive or violent behavior toward the therapist or others in the clinic;
 - e) If you need services beyond the specialty or knowledge of your treatment provider, in which case your provider will help with a referral;
 - f) Refusal to pay or make arrangements for paying, in which case, you have the right to be referred to other services.
10. Lakefront Wellness Center may follow up after treatment with contact by phone, mail or email. _____.

ACCEPTANCE

I, _____, have read/discussed these provisions with my therapist and I do accept the conditions governing my admission, treatment, discharge, and follow-up. This consent is effective from the date of signature for no more than 15 months, at which time it shall be renewed if I wish to continue treatment.

Patient or Guardian Signature

Date

Witness/Therapist

Date

Lakefront Wellness Center, S.C.

161 W. Wisconsin Ave. Suite 2B

Pewaukee, WI. 53072

Ph: 262.695.8857 Fax: 262.695.8879

www.lakefrontwellness.com

Medical Screening Form

Form 4g1

Client Name: _____

DOB: _____

Current Medical Problem(s):

Current Medication(s):

Prescribed by Dr. _____

Past Health Problems:

Past Medication(s):

Prescribed by Dr. _____

Date of Last Physician Visit: _____

Name of Current Physician: _____

DO YOU HAVE:

___ Heart Disease

___ Headaches

___ Diabetes

___ Chest Pains

___ Cancer

___ Shortness of Breath

___ Seizures

___ Stomach Problems

___ Stroke

___ Dietary Restriction

___ Tuberculosis

___ Activity Restriction

___ Allergy _____

___ Disability _____

___ Other infectious disease _____

___ Other _____

How to Reach Your Therapist in Case of Emergency
Please Keep this Sheet

Form 8a1

Dear Client,

Your therapist desires to provide service in case of emergency. Examples of emergencies include, but are not limited to, serious changes in mental health, suicidal or homicidal thoughts, threats of abuse to self or others, and reckless behavior. To accommodate emergencies, we maintain accessibility by an urgent notification system in the regular voicemail system. It is activated when you press **#71#** **after you leave your voicemail message on your therapist's voicemail. Please remember to leave your name, number and the nature of the emergency. Your therapist may not have your number if you do not leave it.**

Please do not use the urgent notification system for non-urgent situations. During normal office hours (9am -5pm) it is best to also speak directly to the office manager to increase our responsiveness to you. Please note that we cannot guarantee emergency coverage but we will do our best to help you!

Some therapists use texting. Texting or emailing is not the correct way to notify your therapist of your emergency need. Please avoid texting your therapist unless your therapist has texted you to clarify an appointment.

If you or the office manager is unable to reach your therapist in cases of emergency and you need immediate service, we recommend that you call your nearest hospital that provides psychiatric services or present yourself there. We do not anticipate that this would happen but we must be cautious and direct you what to do in advance. We ask that you notify us as soon as possible if you are hospitalized without our assistance. The simplest method of obtaining emergency services is to call **911** but we have prepared a list of local psychiatric hospitals and a few crisis lines.

General Help	
HELPLINE _____	414.773.0211
Domestic Violence	
Advocates "Friends for Victims of Abuse" _____	414.375.4034
Domestic Violence Unit _____	414.278.4792
Compassionate Friends-Waukesha City Chapter _____	262.462.3903
Children and Teens	
Teen Hotline or Dial Harmony (for parents and teens) _____	262.547.3388
Nationwide Girls and Boystown Hotline _____	800.448.3000
Cope Teen Line _____	262.377.7786
Child Adolescent Treatment Center _____	414.257.7611
Child Protective Services _____	414.289.6444
Rogers Memorial Hospital (West Allis) _____	414.327.3000
Rogers Memorial Hospital (Oconomowoc) _____	800.767.4411
Emergency Psychiatric	
Milwaukee City Psychiatric Crisis Service _____	414.257.7620
Columbia St. Mary's Hospital _____	800.457.6004 or 414.291.1620
Community Memorial Hospital _____	262.251.1005
Aurora Psych _____	414.454.6600
Rogers Memorial Hospital (West Allis) _____	414.327.3000
Rogers Memorial Hospital (Oconomowoc) _____	800.767.4411
St. Michael's Hospital _____	414.527.8131
St. Mary's Ozaukee _____	262.243.7388
Waukesha Memorial Hospital _____	262.928.4036