

Great Northern Counseling
NEW CLIENT INFORMATION PACKET
814 South Otsego Avenue, Ste. E
Gaylord, Michigan, 49735-2708

Mission Statement: The mission of Great Northern Counseling is to provide reliable, ethical mental health counseling services to the clients and communities of northern lower and the eastern upper peninsula of Michigan.

Our Services: Individual therapy, Couples therapy, Family therapy, Group therapy

Basic Expectations: It is expected that our clients will be actively involved in the therapeutic process arriving on time for their appointments and demonstrating an interest and effort towards resolving their problems. Great Northern Counseling staff will be available on time for scheduled appointments, respect client rights, and return phone calls within a reasonable amount of time.

Client Bill of Rights:

Our clients will be treated with dignity and respect;

Our clients will not be discriminated against based on gender, race, religious preference, sexual orientation or handicap;

Our clients will be informed of their rights and the therapeutic process including the benefits and risks of treatment;

Our clients will participate in treatment decisions;

Our clients will be provided with informed consent and made aware of the limitations of confidentiality and counselors duty to warn in providing mental health counseling services;

Our clients will be made aware of their counselors' and supervisors credential and licenses;

Our clients will be provided services in a manner that is non-coercive and protects their rights to self-determination

Our clients will be provided with the Grievance Policy and information on how to file a grievance should a disagreement or misunderstanding arise with your counselor.

Grievance Policy:

Discuss disagreements and misunderstandings directly with the counselor

If there is a need for further assistance in resolving the situation you may file a complaint against the therapist with the owners of the agency, Jeff Katke or Kathy Katke

The owner will then address your concern and attempt to work out an agreement between you and the counselor

If Great Northern Counseling is unsuccessful in resolving the grievance, the client has the right to, and will be provided with a State of Michigan Citizen's Guide for filing a complaint.

Benefits and Risks of Counseling:

There are many individuals, couples, and families that find counseling to be both useful and a satisfying way to resolve their problems and to reach their goals. This process often results in a growing awareness that may lead to the client experiencing challenging and uncomfortable thoughts, feelings, changes in relationships, and in their life. This should be communicated regularly to your counselor and discussed as a part of the counseling process.

Duration of Treatment and Termination:

Duration varies by client and may depend on client symptoms, level of client involvement in the therapeutic process, client environment, and client support system. Participation in counseling is always voluntary and may be terminated by the client or counselor at any time. Should the counselor decide to terminate therapy before the goals for therapy are met the counselor will provide the client with names of other qualified professionals who may assist them.

Termination of services may occur for reasons including but not limited to non-compliance with treatment plan suggestions, non-payment of service fees, and consistent "no call no show" for scheduled appointments.

Limits of confidentiality:

All information shared between the client and Great Northern Counseling is held strictly confidential, with the following exceptions: client presents as a danger to self or others; previous or suspected child abuse/neglect; suspected abuse of adults age 18+, who are physically/mentally incapable of protecting themselves; suspected abuse of elders 65+; Great Northern Counseling is ordered to release information, and/or; the client authorizes, with a valid signature, release of information to an outside person or agency.

When participating in group therapy it is expected that all group members will maintain strict confidentiality related to group members participation and group content. Rules and limits of confidentiality will be clearly explained to all group members prior to the start of a group. It is important to note, however, that Great Northern Counseling cannot guarantee confidentiality of group members.

Client Satisfaction Survey:

Great Northern Counseling asks that all clients complete a Client Satisfaction Survey after the termination of their services. This information will help us to continue to improve and better serve our clients and the community.

Parking:

Free parking is available in the front, side, and back parking lots of our building. Our location is handicap accessible.

Office Hours:

Sunday: On Call

Monday: 9:00 am to 6:00 pm

Tuesday: 9:00 am to 6:00 pm

Wednesday: 9:00 am to 6:00 pm

Thursday: 9:00 am to 6:00 pm

Friday: 9:00 am to 6:00 pm

Saturday: 10:00 am to 3:00 pm

Contact Information:

Gaylord Office

814 South Otsego Avenue, Ste. E

Gaylord, Michigan 49735-2708

Telephone 989-930-4610 Fax: 989-930-4682

Clinical Staff:

Jeffrey W. Katke, LPC, CMHP, QIDP, QMPH, Owner

Licensed Professional Counselor (Michigan)

Master of Arts, Counseling

Oakland University

Kathy A. Katke, LLPC, CMHP, QIDP, QMPH, Owner

Limited Licensed Professional Counselor (Michigan)

Master of Science, Clinical Mental Health Counseling

Walden University

Financial Policy:

We want to thank you for choosing Great Northern Counseling for your mental health counseling services. We are committed to providing you with affordable, reliable, valid, and ethical mental health counseling services. If you have medical insurance we will assist you in receiving your maximum benefit. The financial policy is meant to help you achieve that goal. As a client we want to make sure you are aware of your obligations and have an opportunity to ask any questions you may have. Your signature is required at the bottom of this document to show you have received and understand these policies.

Appointments:

We value the time you have scheduled with us to treat you and/or your family. It is important to understand if you do not show up, it is time that could be spent treating other patients. Please provide at least 24 hour notice of a cancellation. A \$50.00 fee can be assessed if you do not notify us of a cancellation with less than 24 hour notice. Please help us to continue to provide good healthcare to all patients by keeping your appointments. If there are three missed appointments this may be grounds for discharge from our practice.

Please be on time for your appointments. If you are late we will do our best to accommodate you. However, there may be situations where we have to reschedule your appointment.

Reducing client wait times is important to us. However, we do have to accommodate emergent issues which require our immediate attention. We appreciate your patience and understanding.

Insurance Note:

In an effort to reduce fraud be aware at any visit you may be asked to show your photo I. D., verify your current address, phone number, and if you have insurance your current insurance card. It is your responsibility to notify us of any insurance changes. If you fail to notify us and your services are not covered you will be responsible for any charges you have incurred.

Financial Obligations:

Co-payments, Co-Insurance, and Deductibles: Due in full at time of service and may be paid by check, cash, or credit card. Due to the high cost of point of sale credit card services there is a 3% fee for credit card usage.

If we participate with your insurance company: We submit insurance claims as a courtesy to you. If you provide Great Northern Counseling with inaccurate or false information at the time of service there will be a \$50 administrative fee charged to your account. Any charges that are not covered by insurance due to the false information you provided will be the responsibility of the client.

Non-Covered Services: If your insurance company does not cover a given service that you have received, then payment in full will be required at the time of service. It is your responsibility to know your insurance coverage before any services are provided.

If you do not participate with your insurance company payment in full will be required at the time of service. We will file claims to your insurance company as a courtesy to you. In that instance, you the client, will receive the money from the insurance company.

Self-pay clients are expected to pay in full at the time of service. A cash fee for uninsured will be calculated for payment in full that day.

Patient Refunds will automatically be refunded to the patient.

A \$35 fee will charged for any checks returned for insufficient funds.

Patient Records:

If you transfer to another provider or another provider requests a copy of your records Great Northern Counseling will provide them for you free of charge. To obtain records from other providers you will need to contact them directly. A signed authorization to request or release records is mandatory prior to any request or release being made by this office.

I have received a copy of the Great Northern Counseling New Client Information Packet.

Signature of Client/Parent/Guardian/ Legal Representative

Date