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Phone: 586.859.0030

## Informed Consent

Welcome to Mind and Spirit Counseling LLC. This document contains important information about our professional services and business policies. Please review this information carefully and ask your counselor any questions you have so that we can discuss and clarify any information needed. Signing this document will represent an agreement between you and your counselor.

### COUNSELING SERVICES

Counseling varies depending on the personalities of the counselor, the client and the particular problems you bring forward. There are many different methods we may use to work through the concerns you hope to address. Counseling can have many benefits. It can help you learn to communicate better in your relationships, feel more connected to the important people in your life, create a sense of hope and direction in your life, relieve feelings of frustration, depression, or anxiety. It can help give you the tools to change your thinking, behavior and feelings to create positive outcomes in your life.

Therapy often involves discussing unpleasant aspects of your life. To make progress during treatment you may experience uncomfortable feelings like sadness, guilt, anger, frustration and loneliness. You determine the nature and amount of change you wish to make.

Your first few appointments will involve an evaluation of your history and current needs. During this time, you and your therapist can determine the amount of time needed per session and discuss the duration of therapy. By the end of the evaluation, we will be able to offer you some first impressions of what our work will include and a treatment plan to follow. You are encouraged to evaluate this information and share your goals to be included in your treatment plan. If you have questions about any procedures, you should discuss them with your therapist as they arise.

Therapy involves a large commitment of time, energy and money. It's important to be comfortable with the therapist you select. If you do not feel comfortable with your therapist at any point in the therapeutic relationship, we will be happy to provide you with referrals to another mental health professional for a second opinion.

### BILLING AND PAYMENTS

You will be expected to make payments for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court.

#### ➤ CANCELLATION AND “NO-SHOW” POLICY

A personal commitment is crucial to the success of counseling. Please try to keep all of your scheduled appointments. If you need to cancel, please do so at least 24 hours before your scheduled appointment. A fee of \$100.00 will be charged for appointments cancelled less than 24 hours in advance. A fee of \$100.00 will be charged for “no-show.” On the occasion that you encounter circumstances beyond your control, please discuss further with your therapist. If it is possible, we will always try to find another time to reschedule your appointment.

## CONFIDENTIALITY

The information discussed during your therapy session and all documentation (written or in any other medium) is kept private and confidential in accordance to the Health Insurance Portability and Accountability Act (HIPAA) and the NASW Code of Ethics. There may be situations that an exception can be made. If there is a court order for the therapist to appear, or to produce the client's chart. When using a third-party payer, the third party or company involved may request information that will be given for billing purposes. If a release is signed by you allowing therapist to communicate with a third party (ex. Doctor, school, work, family member)

- Limits of confidentiality: There are some situations in which we are legally obligated to take action to protect others from harm, even if we have to reveal some information about a patient's treatment. For example, if we believe that a child, elderly person or disabled person is being abused, we must, by law, file a report with the appropriate state agency. \*If we believe that a patient is threatening serious bodily harm to another, we [may be] required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. \*If a situation occurs, we will make every effort discuss our concerns with you before taking action when possible.
- SOCIAL MEDIA: It is our policy not to accept requests from any current or former clients on personal social networking sites such as Facebook, LinkedIn, Instagram, Pinterest, etc. as it may compromise your confidentiality. Mind and Spirit Counseling LLC has a social media page, please be advised; if you would like to follow us, do so only if you are comfortable with the general public being aware of the fact that your name is attached to Mind & Spirit Counseling LLC.
- We may occasionally find it helpful to consult other professionals about a case. During a consultation, we make every effort to avoid revealing the identity of our patients. The consultant is also legally bound to keep the information confidential. If you don't object, we will not tell you about these consultations unless we 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, it is important that we discuss any questions or concerns that you may have at our next meeting. Your therapist will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and we are not attorneys.
- Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

## WORKING WITH CHILDREN AND ADOLESCENTS

Due to the importance of trust between client and therapist, when the client is a minor child/ adolescent (under 18), we will offer parents general information about the therapeutic process and overall themes, but not specific details about what information is exchanged during each session. It is important that your child feel that our office is a safe place where he or she can trust the therapist enough to share the sensitive things that may be underlying the presenting problem. We are aware of and encourage parents to be involved in the process; however, this should be balanced with the child's need for a safe place. If at any time we feel that your child is engaging in dangerous behavior, we will encourage your child to inform you of the situation as a part of the therapeutic process. If your child is not willing share this information, we will notify you of these concerns immediately to ensure your child's safety and wellbeing.

We are not obligated to provide you updates after each session. If you need to speak with your therapist regarding your child, please feel free to call or email your child's therapist. It is expected that parent/legal guardian will be available and participate in therapy with child/adolescent when requested by client or therapist.

ACCESS TO PROFESSIONAL RECORDS

The laws and standards of our profession require that we keep treatment records. You have the right to information regarding your records. Biological parents/legal guardians of any minor children participating in counseling may have a right to access their medical record, unless limited by court order or as permitted or required by law, and in some circumstances not disclosed as determined in the professional judgment of the therapist. In the case of couples counseling, both parties will be notified of request and have access to the information provided.

You are entitled to request records and the therapist can prepare a record summary per the request provided. These are professional records, and can be misinterpreted and/or upsetting to untrained readers. If you wish to obtain your records, we recommend that you review and discuss the information and contents with your therapist present. In some circumstances information may not be disclosed as determined in the professional judgment of the therapist.

METHODS OF CONTACT

On occasion, there may be a need to have contact outside your scheduled session. For your convenience, you can contact your counselor through email or phone. We recognize that email and text messaging are not a completely secure means of communication because these messages can be addressed to the wrong person or accessed improperly while in storage or during transmission. Please attempt to limit email use to schedule or confirm appointments unless otherwise discussed with your therapist.

If you would like us to send you email and/or text messages that contains your health information, please complete and initial the Consent below. You are not required to authorize the use of email and/or text messaging and a decision not to sign this authorization will not affect your health care in any way. If you prefer not to authorize the use of email and/or text messaging we will continue to use U.S. Mail or telephone to communicate with you.

- Please provide a valid email address if you would like to receive appointment information and possible resources.
  - o \_\_\_\_\_ (Initials) Yes please email me
  - o E-mail address: \_\_\_\_\_

If you attempt to reach me by phone and I am unable to take your call, or if it is after hours, please leave a voicemail message and I will get back to you within 24 hours. If you have an emergency, please call 911.

- It is important for you to know that cell phones may not be completely secure and confidential. However, we realize that most people have and utilize a cell phone. With your permission we may use your cell phone to contact you. You have the right to limit the modality of cell phone communication
  - o \_\_\_\_\_ (Initials) Yes, it is ok to call my cell phone
  - o \_\_\_\_\_ (Initials) Yes texting is O.K.
  - o Please include your cell phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If at any time, you decide that you would like to discontinue treatment, please let us know and we can discuss the exit process.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

\_\_\_\_\_  
Client Signature (Guardian if client is a minor)

\_\_\_\_\_  
Clients Name (please print)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Initial if reviewed with client

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date