***Monica King MSW ACSW,*** Psychotherapist

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**Consent for Treatment & Services**

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that the services I will receive are based on currently accepted practice in the fields of

Mental health or substance abuse. I also understand that the outcome of treatment cannot be guaranteed

and that services continue only with my voluntary consent. \_\_\_\_\_

I understand that I may be asked to consult with a psychiatrist if this is considered necessary by my therapist to assure safety, if medication is an issue or if diagnostic accuracy becomes an issue. \_\_\_\_\_

I understand that I am responsible for payment of fees for services at the time of service. If I wish to seek reimbursement from my insurance company for services, my therapist can give me a statement/receipt with diagnosis and services to submit. My therapist does not know if my costs are reimbursable by my insurance company. Couple therapy is often not an insurance payable. \_\_\_\_\_

 Also I understand that there is a 48-hour cancelation notice policy for my therapy. I must cancel or call about rescheduling 48 hours ahead of my appointment time or I will be charged a No Show/late cancel fee of $55.00 for my appointment for the first occurrence, $65.00 for the subsequent ones. Payment for a missed or late cancelled appointment is due within two weeks of the appointment and may be asked for prior to rescheduling. I understand that accounts more than 90 days overdue where payments are not made may be subject to collection action. \_\_\_\_\_

I understand that what I share in therapy is confidential, however, if I threaten to harm myself or someone else, share that I am abusing a dependent, my therapist has to take necessary steps to assure safety which may involve divulging confidential information to others. Such action is most often taken when someone’s life is possibly in danger. I understand that if my therapist has to take collection action on an unpaid account, this also involves some sharing of confidential information that I’ve authorized as necessary for sensible accountability on my services payment. \_\_\_\_\_

If I’m in involved in litigation of any sort and inform the court that I’m receiving services (resulting in my mental health becoming an issue before the court) I understand I may be waiving my right to keep my records confidential. I understand I may want to consult an attorney before disclosing to a court, or someone who might sue me in court, that I have received or am receiving treatment or diagnostic services. Therapists must respond to court issued subpoenas. \_\_\_\_\_

I understand that it may be necessary for me to be reached by mail, email or telephone during or after therapy contacts for the purpose of confirming or scheduling appointments or any necessary follow up and understand that phone, email and mail contact carries risks where confidential information may be inadvertently released and I’m willing to accept that risk. \_\_\_\_\_

The confidentiality of records of substance abuse clients is protected by Federal law and regulations. Generally, information regarding a client’s substance abuse treatment may not be disclosed unless a) the client consents in writing, b) the disclosure is by court order, c) the disclosure is made to medical personnel in a medical emergency. \_\_\_\_\_

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Client (or Parent/Guardian) Signature / Date:

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Witness / Date: