

THE THERAPY CENTER FOR WELLNESS & RECOVERY LLP



CLIENT INFORMATION and ACKNOWLEDGMENT of INFORMED CONSENT for TREATMENT

Therapist: The Therapy Center For Wellness & Recovery LLP is a group of licensed independent social workers and licensed independent chemical dependency counselors, engaged in the private practice of providing mental health and substance abuse care services.

Definitions: Kathryn Karanja LMSW, CAADC, ADS Kelly Palmer-Albin LMSW, ADS Marie Putnam LMSW and The Therapy Center for Wellness and Recovery LLP are hereinafter referred to as “the Provider.”

Nature and Purpose of Service: The purpose of receiving mental health or substance abuse care services is to help you better understand your situation, change your behavior, or move toward resolving your difficulties. Using the Provider’s knowledge of human development and behavior, the Provider will make observations about situations as well as suggestions for new ways to approach them. It is important for you to examine your own feelings, thoughts, and behavior, and to try new approaches for change to occur.

The services the provider offer can have benefits and risks. Since treatment often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, mental health and substance abuse care services have also been shown to have benefits. Treatment may often lead to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

Extent and Timeframe of Services: Appointments: Appointments are made by calling 810-228-4300. Appointments are typically 50 minutes in length but may vary. We will discuss the number of appointments you may need.

Fees: The standard fee is \$188.00 for a 50-minute session, however, certain managed care and insurance company contracts may have preset fees. If your health insurance policy does not provide coverage for the provider’s services or denied coverage, then you are responsible for payment of fees. Please see the document entitled, “Notice of and Agreement to Pay Fees” for additional information.

Missed Appointments: There is also a cancellations fee for failing to attend a scheduled appointment without giving a 24-hour notice of cancellation. Insurance will not cover or reimburse for missed appointments and you are responsible for payment of the cancellation fee.

Relationship: As the Provider’s client, we will have a professional and therapeutic relationship. In order to preserve this relationship, it is imperative that the Provider not have any other type of relationship with you. Personal and/or business relationships undermine our professional and therapeutic relationship. While the provider cares about helping you, the provider cannot have a social or personal relationship with you.

Goals: There may be alternative ways to treat the problems you are experiencing. It is important for you and the provider to discuss any questions you may have regarding your treatment and for you to have input into setting the goals for your therapy. As your therapy progresses, these goals may change. The Provider will work with you to address the changes in your goals.

Privacy: Please see the document entitled, “Notice of Privacy Practices”

Professional Records: The Provider is legally required to keep documentation about the services provided to you in your clinical record. Your clinical record includes information about your reasons for seeking therapy, a description of the ways problems affect your life, your diagnosis, your treatment goals, your progress toward those goals, your medical, social, and treatment history, results of clinical tests (including raw test data), any past treatment records, copies of any reports that the provider has sent to anyone, and either annotations or copies of emails we exchange.

The Provider may also keep psychotherapy notes which are for the Provider’s own use and designed to assist the provider in providing your treatment. These notes are kept separate from your Clinical Record. They are not considered part of your Clinical Record and are not released, except in rare legal circumstances.

Minors: If you are under 18 years of age, the law may give your parent or guardian the legal right to review your Clinical Record. Before giving parents any information we will discuss the matter with you, if possible, and do our best to handle any objections you may have.

Third Parties: You may bring other individuals (such as a family member) to your therapy sessions if you feel this would be helpful or if the Provider recommends it. A third party is not a client and there is no confidentiality between the provider and the third party. The third party shall not have any rights to access any part of your file, including but not limited to any session in which the third party participated, unless you sign a release. If a decision is made to include a third party, you are required to complete and sign the document entitled, “Consent to Include Third Party”.

Involuntary Services: If you are involuntarily required to receive services, for example pursuant to Court Order or other valid governmental requirement (“Involuntary Services”), please review this document for a description of the nature, purpose, and extent of our services and other relevant information. Although you may refuse Involuntary Services, you may face penalties for failure to comply including but not limited to Contempt of Court.

After-Hours Emergencies: In the event of an emergency, go to the hospital Emergency Room or call 911.

No Discrimination: The Provider shall not practice, condone, facilitate, collaborate or otherwise participate in any form of discrimination prohibited by applicable law.

Email: If you are going to communicate with the Provider via email, you are required to complete the document entitled, “Information Concerning and Acknowledgment of Informed Consent to Communicate Via Email”.

Electric Service Delivery: If you are going to receive therapy primarily by electronic or technology-assisted approach when the Provider and you are not located in the same place during delivery of services, including but not limited to internet, email, and teleconference, you are required to complete the

document entitled, "Information Concerning and Acknowledgment of Informed Consent to Communicate Via Electronic Service Delivery".

Consent: By my signature below:

- a. I hereby give my informed consent to receive mental health or substance abuse assessment, care, treatment from the Provider.
- b. I understand that I have the right to refuse or withdraw the informed consent given above;
- c. I understand and agree that I will participate in the planning of my care, treatment, and services and that I may stop such care, treatment and services at any time;
- d. I understand that there are no guarantees that treatment will be successful;
- e. I agree that, in the event of the disability, death, or retirement of the provider, I will instruct the Provider where to send my Clinical Record;
- f. I acknowledge that I have read and understood all information contained herein and that I have been given the opportunity to ask questions concerning this document;
- g. I acknowledge that I have been given a signed copy of this document.

Signature _____
Date _____

Signature of Parent of Guardian _____
Date _____