



Whole & Inclusive Counseling, PLLC

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Informed Consent

Introduction

This agreement is intended to provide clients with important information regarding the practices, policies and procedures of this office, and to clarify the terms of the professional therapeutic relationship between therapist and client. Any questions or concerns regarding the contents of this agreement should be discussed with the therapist prior to signing it.

Risks and Benefits of Therapy

Psychotherapy has both benefits and risks. Sessions are intended to be helpful to you in thinking about yourself in relation to others, particularly to important people in your life. Overall, therapy often leads to a significant reduction of feelings of distress, as well as facilitating resolution of specific problems and better interpersonal relationships. However, there are no guarantees about what will happen.

Psychotherapy varies depending on the personalities of the therapist and the client(s), as well as the particular problems that the client brings. A number of different approaches can be utilized to address the issues for which you are seeking assistance. Any approach requires a very active effort on your part, both during therapy sessions and at home.

The risks of therapy include sometimes experiencing uncomfortable feelings or recalling unpleasant aspects of your personal history. Sometimes in conjoint therapy, discussions about a relationship can lead to tension or increased conflict between partners or family members; therefore, you should give this careful consideration if there has been any abuse or violence in your relationship.

Policies Regarding Appointments

Individual and couples therapy appointments are generally for 50 minutes and are typically scheduled once per week at a time you and your therapist agree on. A typical child therapy appointment is 45 minutes. If you cannot make a scheduled appointment, it is your responsibility to call (888) 388-9242 to cancel 24 hours prior to the start of your appointment. If you forget an appointment, call (888) 388-9242 as soon as possible to reschedule. If you miss your appointment and do not call 24 hours before the start of your appointment, you will be charged your regular session fee or late cancellation fee (\$50). In addition, there is no guarantee that there will be another available appointment time during that same week. If for some reason you are late, please understand that your therapist must still follow the regular schedule in ending appointments.

- *Please note that email is not a secure form of communication and is not recommended as a means of contacting your therapist for any treatment-related concerns.*
- *Note that any communication you have with a therapist outside of a regular appointment session may be recorded in your file. If doing couple's work, please ask about the "No Secrets" policy.*

Eligibility and Fees

Services are available to individuals, couples, groups, adolescents, children as well as families. We will collect \$130.00 (sliding-scale available for financial hardship) per-individual session and \$150 per couple session at the time of services rendered (this is the private pay rate). Phone calls that exceed 5 minutes will be charged at \$1.50/minute as a private pay rate (*unless your* insurance companies covers payment for telehealth services). Please ensure that you have a payment method on file with the Whole & Inclusive Counseling office as you will be billed directly for any sub-liability not covered by insurance.

If an outstanding balance remains and 90 days has passed without payment, we reserve the right to submit the past due invoice to a collection agency. Upon request, we can provide you with a monthly statement so that you can seek reimbursement from your insurance. However, please note: insurance companies require therapists to give a diagnostic code. By allowing our office to provide insurance paperwork, you are giving permission to share that confidential information.

Confidentiality

The information disclosed by the client is generally confidential and will not be released to any third party without written authorization from the client, except when required or permitted by law. Exceptions to confidentiality include, but are not limited to, reporting child, elder and dependent adult abuse, when a client makes a serious threat of violence towards a reasonably identifiable victim, or when a client is dangerous to him/herself/themselves or the person or property of another.

Child Abuse

If your therapist has reasonable cause to suspect that a child known to them in the course of their professional duties has been abused or neglected, or has reason to believe that a child known to them in the course of their professional duties has been threatened with abuse or neglect, and that abuse or neglect of the child will occur, Your therapist must report this to the relevant county department, child welfare agency, police, or sheriff's department.

Adult and Domestic Abuse

If your therapist believes that a vulnerable adult (e.g. elderly, incapacitated, or facility resident) is the victim of abuse, neglect or domestic violence or the possible victim of other crimes, they will report such information to the relevant county department or state official.

Serious Threat to Health or Safety

If your therapist has reason to believe, exercising their best judgment and professional care and skill, that you may cause serious harm to yourself or another person, your therapist will take steps, with or without your consent, to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition in order to protect you or another person from harm. This may include initiating commitment proceedings.

In an Emergency

These emergencies may involve suicidal thoughts, thoughts of wanting to hurt someone else, or thoughts of committing dangerous acts. If you find yourself in any emergency situation, please call 911. In addition, you can visit the nearest Emergency Room and ask for the mental health professional on call.

Please take the time to read and understand this document and ask the therapist about any portions which may be unclear to you.

I have read and understood this contract and agree to all its terms & conditions.

Sign _____

Date _____

Sign _____

Date _____

Does the patient consent to release of information for the coordination of care between providers?

Checking Yes, gives permission for WAIC to contact your primary care physician and coordinate care and services for treatment planning purposes

Yes

No