

Spiritual Family Counseling, LLC.

33150 Schoolcraft RD, STE 102, Livonia, MI 48150

Office: 517-214-6531 Client: 313-389-6254

Fax: 844-829-4484

Email: spiritualfamilycounseling@outlook.com



PRACTICE ORIENTATION AND SERVICE AGREEMENT

Your Rights and Responsibilities as a Client:

- You have the right to receive services from clinicians who adhere to the professional code of ethics of their respective disciplines.
- You have the right to receive services in accordance with Federal and State regulations and accreditation standards governing behavioral health programs.
- You have the right to privacy and confidentiality regarding the services you receive. All information about you and your treatment, whether written or oral, is protected under Federal and State laws, including the HIPPA Privacy Act.
- You have the responsibility to provide informed consent to services offered to you.
- You have the right to refuse services at any time. You have the right to withdraw your consent to receive services and discontinue services at any time. If you should decide to withdraw your consent for services, you must do so in writing.
- You have a right to information concerning your treatment and/or care.
- You have the right to know treatment recommendations and the possible outcomes if you choose not to follow these recommendations.
- You have the responsibility to assist in planning your treatment at every stage.
- You have the right to express any concerns or complaints regarding the services you receive directly with your clinician.
- You have the responsibility to be timely for your appointments. Late arrivals may result in rescheduled appointments.
- You have the responsibility to arrive for all scheduled sessions, or to notify us 24 hours in advance if you wish to cancel an appointment. You may be charged a practice fee, up to \$125 for none-cancelled appointments where an emergency was not involved, as insurance companies and other third-party payers do not cover missed appointments.
- You are responsible for check your insurance plan benefits, including any deductibles and/or copays. As a courtesy, we may check eligibility and benefits for you.
- You are responsible for any fees that may be charged to you at the time of service and knowing your insurance benefits coverage. You will be charged \$25 for any returned checks.
- Your case will be closed following 90 days of inactivity, unless other arrangements have been made.

Services Offered

Spiritual Family Counseling offers individual psychotherapy, family and marital therapy. You will be provided with a detailed description of the nature of services, expected benefits and potential risks.

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Client Input

Spiritual Family Counseling will be asking you for ongoing feedback regarding the quality and effectiveness of services you receive. We will periodically ask you to complete clinical outcome questionnaires and satisfaction surveys. We will also review and/or investigate any complaints or suggestions you may have. Your feedback is considered an important part of your treatment and care.

Operations

Office hours are usually between 10:00 AM and 7:00 PM five days per week. Appointment dates and time can be arranged between you and your treating clinician. In case of an emergency, you may contact the nearest crisis center (Wayne County Crisis Center *COPE* at (734) 721-0200, Oakland County Crisis Center at (248) 456-0909 and Macomb County Crisis Center at (586) 307-9100. You may also contact the nearest emergency room. We practice in a non-smoking environment. Illicit drugs and weapons are not allowed on the premises. Persons in possession of either will be asked to leave immediately.

Confidentiality

Federal and State laws protect the privacy of communications between a client and clinician. In most situations, information about your treatment can only be released to other if you sign a written Authorization for Release of Information. That authorization must meet certain legal requirements. The limits to confidentiality are provided in our Notice of Privacy Practices.

Financial Responsibility

You are expected to pay for services at the time it is rendered unless otherwise agreed. Payment schedules and fee scales, in case of financial hardship, are included in this packet. If your account has not been paid for more than 60 days, and arrangements have not been made, legal action may be taken to secure payment. If such a situation is to occur, only the client's name, nature of services and amount due are divulged.

Minors and Parents

Clients under 18 years of age who are not emancipated, and their parents, should be aware that the law may allow parents to examine their child's treatment records. They should also be aware that clients over 14 years of age can consent to and control access about their own mental health treatment lasting no longer than 12 sessions or 4 months. Privacy and parental involvement are essential to successful treatment. Therefore, Spiritual Family Counseling may request and agreement from any client between 14 and 18 years of age to allow parental figures to obtain information about their treatment progression. ***Spiritual Family Counseling Staff are mandated reporters by law, and are required to report actual findings or suspicion of abuse and/or neglect.***

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Consent for Services

My initials below indicate that I:

- _____ Have been made aware of my rights and responsibilities and how to file a grievance or complaint.
- _____ Have been informed of the name, discipline, and credentials of my primary clinician.
- _____ Have been informed of practice-specific information and given an orientation to services, including fees.
- _____ Have been informed of privacy practices, confidentiality, and limits to confidentiality.

My signature below indicates that I consent to receive services at Spiritual Family Counseling, and I understand that I may discuss any questions I have regarding services and that I maintain the option to terminate my consent at any time.

Client/Guardian signature: _____ Date: _____

Spiritual Family Counseling staff: _____ Date: _____