

The Power in Parenting

17334 Farmington Rd Livonia, MI 48152
734-743-1758

CONSENT FOR TREATMENT

I am voluntarily seeking treatment from Kim M Snyder, MS, LPC, NCC, DCC, a Licensed Professional Counselor at *The Power in Parenting*. I understand that there are no promises or guarantee concerning my treatment outcome. My therapist and I shall develop the treatment plan in accordance with my presenting problems.

CHECK EACH OF THE FOLLOWING ACKNOWLEDGING IT HAS BEEN READ:

- The fee per full therapy session (45-50 minutes) is \$120.00.
 - Sliding Scale (if applicable) _____
- All fees are to be paid at the **beginning** of each session.
- I understand my therapist does not take insurance. Upon request, I will be given a receipt to submit to my insurance company.
- If I need to cancel an appointment, I understand that 12-hour notice is required, by phone call only. Should I cancel without this notice, I will be charged \$100.00.
- There is a \$25.00 NSF charge for all returned checks.
- I realize that all personal information will be considered confidential and can only be released with my written authorization, unless there is "Duty to Warn."
- No recording of any kind of the session is permitted unless mutual consent in writing is agreed upon both parties.
- In preserving the integrity of our working relationship, my therapist will not accept any invitations via social networking sites nor will my therapist respond to blogs written by clients or accept comments on my therapist's blog from clients.
- During the initial intake process and the first couple of sessions, my therapist will assess if she can be of benefit to me. If I have requested online counseling, my therapist's assessment will include my suitability to therapy delivered via technology. If my therapist feels she cannot help me or she feels she is not being effective in helping me reach my therapeutic goals, she is obliged to discuss this with me, up to and including termination of treatment. In such a case, my therapist would give me a number of referrals that may be of help to me.
- If I need to speak with my therapist between sessions to alert her of an emergency, please call 734-743-1758. Her call will be returned as soon as possible. Messages are checked daily (but never during the night time). Messages are checked less frequently on weekends and holidays. If an emergency situation arises that requires immediate attention, I may call the emergency National Suicide Hotline at 800-784-2433 or dial 911. If a life-threatening crisis should occur, I agree to contact a crisis hotline, call 911 or go to a hospital emergency room.

Your signature below indicates that you have read and understand and agree to this Informed Consent.

Client Name (Print) Date

Client Name (Signature) Date

Parent or Guardian (print) Date

Parent or Guardian (Signature) Date