**Merry Battles Counseling Center**

**Client Information and Consent to Treatment**

***Therapist***

The undersigned therapist is a Licensed Master Social Worker in the State of Michigan engaged in private practice providing mental health services. She is also a Certified Advanced Alcohol and Drug counselor providing substance abuse assessment and treatment services to clients.

***Mental Health Services***

While it may not be easy to seek help from a mental health professional, it is hoped that you will be better able to understand your situation and feelings and move toward resolving your difficulties. The therapist using her knowledge of human development and behavior will make observations about the situations as well as suggestions for new ways to approach them. It will be important for you to explore your own feelings and thoughts and to try new approaches in order for change to occur. You may bring other family members to a therapy session if you feel it would be helpful or if this is recommended by your therapist.

***Appointments and cancellations***

Appointments are made by calling 269-492-7246 Monday through Friday between 9am and 5pm. Appointments are made by calling 269-492-7246 Monday through Friday between 9am and 5pm. If you need to cancel PLEASE give notice of 24 hours. Failure to cancel results in therapist not being able to see you for future sessions.

***Relationship***

Your relationship with the therapist is a professional and therapeutic relationship in order to preserve this relationship, it is imperative that the therapist not have any other type of relationship with you. Personal and or business relationships undermine the effectiveness of the therapeutic relationship.

If you have an emergency and cannot reach the therapist, please go to your nearest emergency room or call 911 or Gryphon Helpline at 269-381-4357.

***Acknowledgement and Consent***

I acknowledge that I have received, have read (or have had read to me), and understand the “Consent to Treat” information about the therapy I am considering. I have had all my questions answered fully.

I do hereby seek and consent to take part in the treatment by the therapist named above. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I am aware that I may stop my treatment with this therapist at any time. I am aware that an agent of my insurance company or other third party payer may be given information about the type(s), cost(s) date(s) and providers of any services or treatments I receive. I understand that if payment for the services I receive here is not made the therapist may stop treatment. Also if the therapist feels that we are not a match, she may provide me a list of referral sources.

My signature below shows that I understand and agree with all of these statements

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Signature of client

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the therapist, have discussed the issues above with the client (and or his or her parent guardian or other representative). My observations of this person’s behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent

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Signature of therapist

\_\_copy accepted by client \_\_copy kept by therapist