



CLEAR INNERVISION COUNSELING SERVICE, LLC

WHERE ALL THE PIECES COME TOGETHER ®

Consent for Treatment and Limits of Liability

Limits of Services and Assumption of Risks:

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any “cures” cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

Limits of Confidentiality:

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

Duty to Warn and Protect If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

19304 Grand River
Ave. Detroit, MI 48223

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Prenatal Exposure to Controlled Substances Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

Minors/Guardianship Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Insurance Providers Insurance companies and other third-party payers are given information that they request regarding services to the clients.

The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

Client Signature (Client's Parent/Guardian if under 18) Date

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Cancellation and No-Show Policy

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment you provide more than 24-hour notice. This will enable another person who is waiting for an appointment to be scheduled in that appointment slot. With cancellations made with less than 24-hour notice, we are unable to offer that slot to another person. All service appointments which are cancelled with less than 24-hour notice will be subject to a fee of the full cost of the appointment visit.

No-Show Policy

Clients who do not show up for their appointment without a call to cancel will be considered as a No Show. Clients who No-Show for two (2) appointments within a 12-month period, may be dismissed from the practice thus they will be denied any future appointments. Clients will also be subject to the full cost of the appointment visit. The cancellation and No-Show fees are the sole responsibility of the client and must be paid in full before the client is able to schedule their next appointment. Cancellation and No-Show fees are NOT covered by your insurance carrier. We understand that special unavoidable circumstances may cause you to cancel in less than 24 hours. Fees in this instance may be waived but only with management approval. Our practice firmly believes that good clinician/client relationship is based upon understanding and good communication. Questions about our cancellation and no-show fees should be directed to our management team.

Please sign that you have read, understand and agree to this Cancellation and No-Show Policy.

Client name (please print)

Date of birth

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