



Informed Consent

Welcome! I am looking forward to working with you as you take this journey of self-exploration, healing, and healthier functioning. I am a Limited Licensed Professional Counselor. I obtained my Master of Arts in Clinical Mental Health Counseling from Oakland University. My theoretical orientation is primarily psychodynamic, meaning that I place emphasis on childhood experiences, healing the inner child, and gaining insight into unconscious thoughts. My approach when working with children is that I am currently working with an adult's future inner child. I passionately and firmly believe that our past experiences directly influence our current behaviors, thoughts, and emotions.

I believe that therapy should be a collaborative approach, I am always open to suggestions and feedback from clients. My clients are the drivers while I navigate from the passenger's seat. The client always has the right to say that the suggested route isn't right for them.

Aside from mental health, I have a background in education, which means that I believe in giving my clients homework assignments. Therapeutic homework assignments are based on the client's strengths and are always open for discussion or alterations.

I am currently a PhD student at Oakland University with a research concentration on self-worth and the "Good Girl" archetype.

My passions/areas of expertise include:

- ❖ Raising awareness of the impact that generational trauma and parenting practices have had on the Black community
- ❖ Self-Worth and its underlying role in mental health challenges
- ❖ Inner Child Work/Healing
- ❖ Advocating for the mental health of children and the importance of integrating mental health into education

Confidentiality: Communication between myself, clients (and guardians/parents where applicable) is stored confidentially via Simple Practice. All information between client and myself is confidential and will only be released when subpoenaed or with written consent by client or parent/guardian. Under the following circumstances confidentiality will be breached:

- ❖ Immediate danger to yourself or others
- ❖ Child abuse or neglect
- ❖ Elder abuse or neglect
- ❖ Client abuse with health care professional

Minors: Under law, parents/guardians have the right to the treatment records of their minors. Please understand that I will communicate any important information with the necessary parties when working with minors. Important information includes but is not limited to harming self/others, excessive drug use, sexual assault, or sexual interaction with a family member or adult. Prior to discussing any information with parents/guardians the client will be notified as it will be my goal that the client and I share the information with the parent/guardian together.

It is important that the minor has a safe space and I encourage parents/guardians to trust the therapeutic process. I understand the desire to know what is going on in your minor child's life, please take comfort in the fact that they are receiving mental health services. To reiterate, any safety concerns will be automatically shared with to parent/guardian.

Fee: Invoices will be sent between 12 and 24 hours prior to your session. Session fees must be paid prior to the start of the scheduled session.

The fee rates are as follows:

50 minute session is \$60 (adults) and \$50 (minors)

Parent/ Child Dyads: \$75

Families 3-5 members \$150

Sliding scale fee must be confirmed prior to intake session scheduling.

Payment methods are Cash, Zelle, or Credit/Debit Card.

If you become involved in legal proceedings that require my participation (including preparation and attendance), I charge twice my basic fee because of the complexity of such involvement.

Now Show/Cancellation Policy: Sessions must be canceled by 8pm the night before your scheduled time-slot. Payment in full for any last-minute cancellations or no shows are due prior to the next session.

Consent to Leave Message or Send Correspondence: At times, we will need to communicate through phone or email about any appointment needs or issues that arise. You are welcome to email me, but please know that standard email does not offer a secure enough connection to protect your confidentiality. I may respond to emails via a phone call to protect your privacy.

Contact Information: I can be reached via phone at 313-970-8254. The best way to reach me is via email mayacobb@deargoodgirl.com A member of the administrative team will notify me of any urgent/emergency messages. I will return all non-emergency calls within two business days. If I am away for an extended period of time I will provide you with the contact information of a mental health colleague to contact if needed.

Risks and Benefits of Therapy: People seek counseling to improve aspects of their lives, solve problems, or gain clarity, and process emotions with a mental health professional. However, there are risks to therapy that I'd like you to be aware of. Talking about difficult situations or feelings, including trauma or abuse, will probably be upsetting. Although people generally feel better after a few weeks of counseling, at first you may experience more intense feelings. Change in the dynamics of relationships is a common goal of therapy, however, not all relationship members may agree, and this might cause conflict. Discussing your feelings in therapy is an important part of your growth and of ultimately turning these risks into benefits.

Consent for Therapy and Termination: Your counseling is voluntary and can be stopped at any time if you desire. If you have concerns please discuss these with me and we will work together to rectify your concerns or end your counseling. Therapeutically, it is best to follow a termination plan, however, I do understand that things happen. It is in your best interest to discuss termination of treatment prior to doing so.

I am honored that you have chosen me to walk with you on the path to healing and healthier functioning.

Statement of Understanding: I agree that, in signing this Informed Consent form, I have read and fully understand the information contained herein.

Therapist Signature : _____ Date: _____

Client Signature: _____ Date: _____

Parent/Guardian Signature(s): _____ Date: _____