

# Tree of Life Counseling Services, LLC



## Office Locations

### Rochester Hills - Walton

1460 Walton Blvd.  
Suite 60 (Main Office) & 20  
Rochester Hills, MI 48309

### Rochester Hills - Rochdale

145 Rochdale Drive South  
Suite F & D  
Rochester Hills, MI 48309

### Lenox

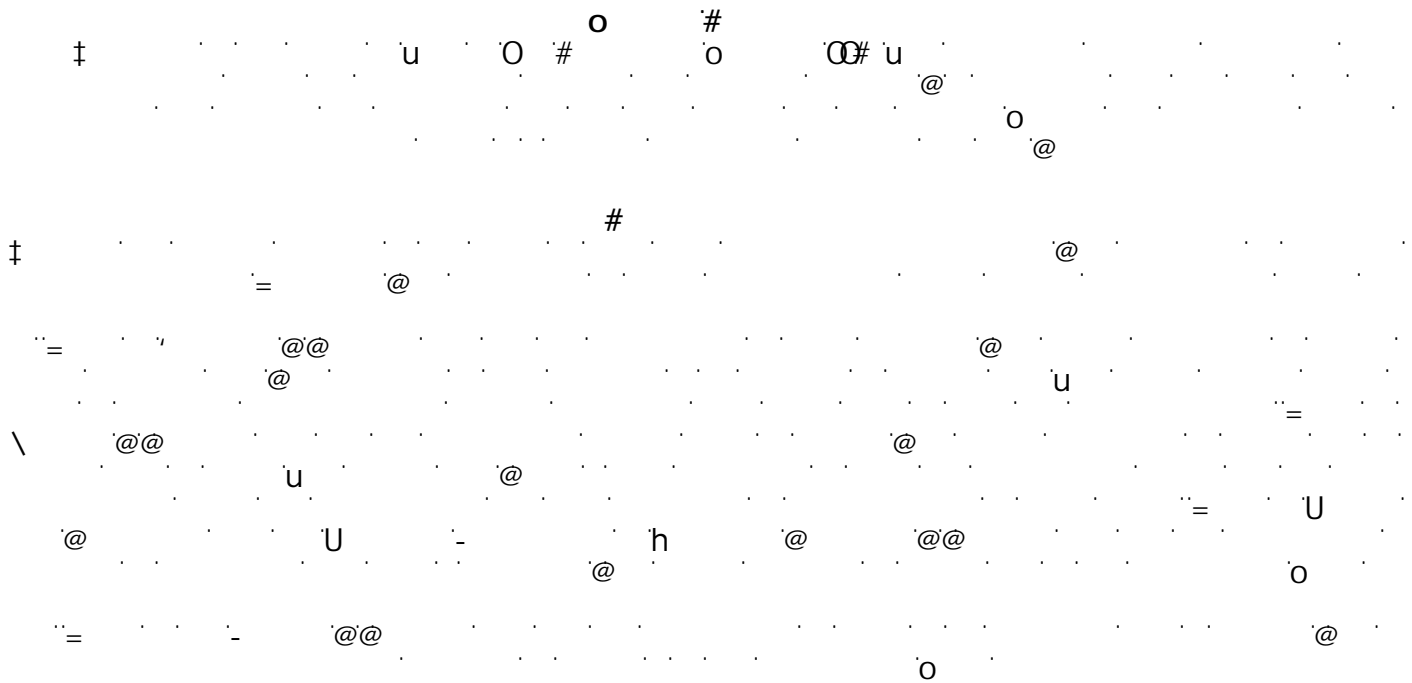
36555 26 Mile Road  
Suite 3700  
Lenox, MI 48048

### Livonia

39000 W Seven Mile Road  
Suite 3600  
Livonia, MI 48152

### Troy

1700 W Big Beaver Road  
Suite 200  
Troy, MI 48084



- A Subpoena (Court Order)

## Credentials

I am a State Board Licensed Professional Counselor in Michigan (LPC; License #6401013942) and have been practicing since 2013. I am also a Certified Advanced Alcohol and Drug Counselor (CAADC); meaning that I am certified with the state of Michigan Certification Board for Addiction Professionals (MCBAP). I have also been trained in EMDR (Eye Movement Desensitization Reprocessing).

## Counseling Sessions

Adult, family and group therapy sessions last anywhere from 45 to 60 minutes. The initial session, and possibly up to three, provide time for a clearer evaluation and to work on building the therapeutic relationship. When working with adolescents or children, initial sessions will consist of meeting with the minor and the parent(s). Subsequently, following sessions will only include 10 minutes with the parent(s) either at the beginning or the end of session if deemed necessary.

When counseling is initiated, I will schedule weekly hour sessions per week at a mutually agreed upon time. As part of my services, I do understand that at times we will have telephone communications; however, communication via telephone that are beyond scheduling will be designated as a session and will be prorated based on normal fees. These fees will be due at the time of your next in office appointment.

In an effort to maintain confidentiality, communication via internet is not utilized with the exception of scheduling via email. The treatment plan is a collaborative process and in an effort to reduce paper and

to have electronic documentation, your treatment plan is available to you at anytime by signing into the Therapy notes portal.

**Assumptions of Risks**

Therapy sessions have both benefits, and at times, risks. Therapy can significantly reduce the amount of distress someone is feeling and resolve other specific issues/concerns. However, these changes and transformations cannot be guaranteed for any condition; due to multiple variables that can influence the therapy session.

Experiencing uncomfortable feelings, discussing bothersome topics and/or aspects of your life, are considered to be, risks of therapy as well.

Due to the nature of therapy and its possibilities for both benefits and risks; we want to recognize conceivable benefits include things such as better functioning in a multitude of areas, finding solutions to concerns, decrease negative cognitions, behaviors and feelings.

**Minors**

If you are under the age of 18, the law provides your parent(s) with access to your records. However, in an effort to strengthen the therapeutic relationship, it is strongly encouraged that the parent(s)/guardian(s) waive this right and discuss pertinent information as a group during the 10 minutes in session that are allotted.

**Cancellation Policy**

You are responsible for payment of a scheduled appointment unless you provide a minimum of 24 hours advanced notice of the needed cancellation, unless unforeseen emergencies arise. Appointments cancelled with less than the 24-hour notice, will be subject to a \$40 dollar late cancellation fee. Clients who do not show up for their appointment without notice of the cancellation will be considered a NO SHOW and will also be subject to a \$40 dollar fee.

**Billing and Payment**

At the time of service, you are responsible for payment. I accept personal checks, cash, money orders and credit cards. Please be aware that the average out of pocket session fee for clients who do not provide us adequate information for an accepted insurance provider is \$140 for all of Tree of Life Counseling Services' clinicians.

**By signing this contract, you are entering into a binding agreement with Shelby McCliggott, MA, LPC, CAADC, EMDR-Trained. By signing this agreement, you are acknowledging that you understand and agree to abide by its terms.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client Name\***

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian\***

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian\***

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Therapist\***

*\*Electronic Signature*

You understand and agree that your electronic consent (including any electronic symbol) is your electronic signature, represents your agreement to the terms and conditions of this agreement, constitutes a valid signature, and shall have the same legal validity and enforceability as a manually executed signature or use of a paper-based record keeping system to the fullest extent permitted by applicable law.