



## **Tree of Life Counseling Services, LLC**

Main Office  
145 Rochdale Dr S. Suite F  
Rochester Hills, 48309

Wellpointe Office  
1701 South Blvd. Suite 240  
Rochester Hills, 48307

Troy Internal Medicine  
4967 Crooks Rd. Suite 110  
Troy, 48098

### **Services Contract**

Welcome to the office of Tree of Life Counseling Services, LLC. This document contains important information about my professional services and business policies. It is important that you read this document and present any questions that you have during our first session. Signing this document means that there is a binding agreement between you and I.

### **Confidentiality**

Without the **written consent** of the client or their legal representative/guardian, I am obligated to maintain confidentiality. However, I am mandated to break confidentiality under certain circumstances which includes:

- Harm to Yourself: If I believe that you are threatening to harm yourself, I am legally mandated to report this; meaning that I am required to take action(s) in an attempt to protect you. This would include things such as requiring hospitalization, seeking assistance from loved ones or from law enforcement.
- Harm to Others: If I believe that you are threatening serious harm to others, I am legally mandated to report this as a duty to warn. This means that I have a legal obligation to warn the individual(s) whom you are threatening, notify law enforcement and seek assistance or hospitalization to assist you.
- Harm to Minors or Individuals who are Mentally, Emotionally or Physically Impaired: If I believe that you are threatening harm to individuals who have a disability, I am legally required to report this to the appropriate State agency.
- Harm to the Elderly: If I believe that you are threatening to harm to an individual who is elderly, I am legally required to report it to the appropriate State agency.
  - 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.

**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 118, 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 \$30 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 \$30 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.

**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**