

**Macomb Counseling Services, LLC**  
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## ***COUNSELING SERVICES CONTRACT***

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and bring any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

### **Psychological Services**

Counseling is not easily described in general statements. It varies depending on the personalities of the counselor and client, and the particular problems you bring to the counseling sessions. There are many different methods I may use to address the concerns you present. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Counseling can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, counseling and psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be careful about the therapist you select. If you have questions or concerns about my approach or procedures, we should discuss them whenever they arise. If your concerns persist, I will be happy to help you set up a meeting with another mental health professional with whom you may feel more comfortable.

### **Meetings**

We will get to know one another during the first one or two sessions. We will use this time to determine if we are a good fit, identify your needs, and establish your goals. If we choose to work together I typically like to begin meeting weekly at least for the first month and then from there, deciding together an appropriate treatment schedule. Sessions generally run 50-60 minutes.

### **Billing and Payments**

You will be expected to pay for each session at the time it is held. In circumstances of unusual financial hardship, I may be willing to negotiate a payment installment plan. In the event you are unable to keep a scheduled meeting, I request that you provide at least 24 hours notice if you are

unable to attend a scheduled meeting. If you do not provide the 24 hours notice, you will be charged \$30.00 for the missed session.

### **Professional Fees**

The initial intake/assessment fee ranges from \$125-150.00 and the normal session fee ranges from \$90-125.00. In addition to weekly appointments, I charge \$90 per hour for other professional services you may need. Other services include letter and report writing and telephone conversations lasting longer than 10 minutes. You will be expected to pay for each session at the time service is rendered, unless prior arrangements are made. Payment schedules for other professional services will be agreed to at the time these services are requested. In circumstances of unusual financial hardship, I may be willing to negotiate an installment payment plan.

In the case of insurance companies or other third party payors, you are responsible for fees associated with the services I provide to you. I will attempt to bill the third party for payment. If I am unable, I will bill you directly. Please check with your payor about the services you are eligible to receive and the fees associated with these services to insure that accurate payment is made.

If your account is more than 60 days past due and suitable arrangements for payment have not been agreed to, I have the option of using legal means to secure payment, including collection agencies or small claims court. In most cases, the only information that I would release about a client's treatment would be the client's name, dates of service, the nature of the services provided, and the amount due.

### **Professional Records**

Health insurance companies, the law, and the standards of the counseling profession require that I keep treatment records. The information includes but is not limited to: your identifying information, dates and times of appointments, treatment objectives, diagnosis (when applicable) homework assigned and progress being made. Health insurance companies will sometimes request this documentation from me. You are entitled to receive a copy of the records I do keep, and if you wish, I can prepare an appropriate summary for you. Because these are professional records, clinical terms and jargon is often used which can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence, so that we can discuss the contents.

### **Limits of Service**

There are times clients have asked me to provide documentation to support one parent over another in a custody dispute, divorce proceedings, disability claims, or other legal matters for which they are a plaintiff or defendant. In order to protect my professional integrity and my license through the state of Michigan as a Professional Counselor, I will not testify on your behalf and I will not provide this type of documentation unless there is a court order (signed by a judge only). If you become involved in legal/court proceedings that require my participation you will be expected to pay \$250.00 per hour for my time. And I will not disclose information without your written agreement, *unless* the court requires me to do so.

### **Contacting Me**

I am often not immediately available by telephone. I monitor my voice mail daily, and I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are unable to reach me and you are in crisis, contact your family physician, psychiatrist, or the

nearest emergency room. You may also call the 24 hour Crisis and Resource hotline through Common Ground at 1-800-231-1127. If it is an emergency, call 911 immediately.

I am also available via email: [michellesiev@gmail.com](mailto:michellesiev@gmail.com) I recommend that email only be used to schedule appointments and exchange limited information. Although I will make every effort to maintain your privacy, I cannot guarantee the security of emails.

**Discharge/Closing Your Case**

You are able to discontinue therapy at any time. Therapy usually ends when you have met your treatment goals and we will have a final session to discuss your progress and review strategies for on-going success. If it has been awhile since we have met for an appointment, I may reach out to you to see if you would like to continue therapy. If it has been at least 60 days without any correspondence, I will close your case. It is possible to reopen your case and resume counseling with a phone consultation.

**Minors/Wards**

If you are under eighteen years of age or have been appointed a guardian, be aware that the law may provide your parents/guardian the right to examine your treatment records. Please refer to the ***Your Rights as a Minor/Ward and My Policies*** form for more detailed information about your rights.

**Confidentiality**

In general, the privacy of all communication between a client and a counselor is protected by law, and I can only release information about our work to others with your written permission; however, there are exceptions. Please refer to the ***Limits to Confidentiality*** form for more detailed information.

I may occasionally find it helpful to consult other professionals about a case. During consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel it is important to our work together.

While this written summary of my policies and the other documentation provided should prove helpful in informing you about our work together, it is important that we discuss any questions or concerns you may have at our next meeting.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

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

\_\_\_\_\_  
Guardian Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Credentials

\_\_\_\_\_  
Date