

Macomb Counseling Services, LLC

LIMITS OF CONFIDENTIALITY

All aspects of your participation in counseling services with, Michelle L. Siev MA, LPC, NCC, at Macomb Counseling Services, LLC including the scheduling of appointments, content of counseling sessions, and any records kept, are confidential as outlined by federal and state law. Noted exceptions are as follows:

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger or suspected to be in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances

Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

Insurance Providers (when applicable) and Client's Physicians

Insurance companies, other third party payors, psychiatrists, and primary care physicians are given information that they request regarding services to clients.

Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

_____ Date _____
Client Signature/Parent (if under 18)

_____ Date _____
Client's Guardian

_____ Date _____
Counselor's Signature

Macomb Counseling Services, LLC
Michelle L. Siev MA, LPC, NCC

CANCELLATION POLICY

If you fail to cancel a scheduled appointment, I cannot use this time for another client and you will be billed for the missed appointment.

A \$30.00 fee is charged for missed appointments or cancellations with less than a 24-hour notice unless it is due to illness or an emergency. A bill will be mailed directly to all clients who do not show up for, or cancel an appointment.

Thank you for your consideration regarding this important matter.

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

_____ Date _____
Witness Signature