



Awakenings Christian Counseling

4250 S. Westnedge Kalamazoo MI 49008
Email: counsel@awakeningscc.com Phone: 269-234-2343

Consent for Treatment

This consent signifies that the undersigned has agreed to participate in professional counseling services at Awakenings Christian Counseling. Further, the undersigned acknowledges that all counseling services rendered are confidential, unless mandated by the Mental Health Code Laws in the State of Michigan in order to efficiently enter payments into QuickBooks or process insurance claims.

The following areas are also agreed by the undersigned as it applies to the therapist/client relationship based on needs or as the following necessitate for use in the duration of sessions with the undersigned:

Use of Electronic Devices:

Emails, Teletherapy, and Texting are convenient ways to communicate with our clients, however, the undersigned recognizes that all communication methods listed can have the possibility of being breached. The undersigned does not hold the therapist or Awakenings Christian Counseling liable if these methods are used with regards to providing communication to or from the therapist.

LLPC Supervision/Observation by the use of Live Supervision where the supervisor is in the room (**In Vivo**), observing via video monitoring (**Bug in the Eye**), or providing feedback to the Supervisee through an ear piece during session (**Bug in the Ear**), are useful tools to develop mastery level skills needed to become competent as a counselor. The undersigned will be informed before the session by the Supervisee if any of these modalities will be used during your session with them. If a client is opposed to any of these modalities, they can consent to specific methods they are comfortable with the Supervisor using.

Consent for Counseling Minors: The undersigned consents to their minor child being seen on a one on one basis by their therapist. By seeing the minor on an individual basis, the parent or legal guardian agrees that in order to build therapeutic trust this format is deemed best. How sessions will take place is agreed upon by the parent, minor child and the therapist upon initial intake. Furthermore, the initial intake session requires the parent or legal guardian to be present to sign all legal documents in the presence of the therapist and the minor child.

Animal Assisted Therapy can be a beneficial way to interact with clients and is seen as a way to connect and foster comfort while interacting during session. The undersigned understands and agrees that all interactions regarding risks to allergies, bites, or any adverse dynamics are a possibility and does not hold the therapist or Awakenings Christian Counseling liable for any actions or reactions stated above. Minors need written consent by the parent or legal guardian in order to be in contact with any animals at Awakenings. Animals **will not be introduced** unless requested by the client and the therapist has the rite to use their own discretion regarding sessions involving the use of animal assisted therapy as it is a counseling technique and not mandatory in order to foster therapeutic change.

Late Fee of \$80.00 will be assessed if the client does not give at least a 24 hour notice of cancellation of scheduled appointment. Payment will be expected either in advance of next visit or at the beginning of the session at next scheduled appointment before services are rendered. If the client has 3 sessions where either no call no show or late cancellation occurs, your therapist has the right to postpone services until such fees are paid in full.

Pre Authorization of Insurance will be assessed \$80 fee per session until you are accepted for visits.

My signature verifies that I have read the above consent, understand and agree to the requests made herein:

Signature of Client, Parent or Guardian

Date