

SOLUTION-BASED COUNSELING SERVICES, LLC
TREATMENT CONSENTS

I, _____, the undersigned, hereby attest that I have voluntarily entered into treatment, or give my consent for the minor or person under my legal guardianship mentioned above, at Solution-Based Counseling Services, LLC. The rights, risks, and benefits associated with the treatment have been explained to me. I understand that therapy may be discontinued at any time by either party. The clinic encourages this decision to be discussed with the treatment therapist. This will help facilitate a more appropriate plan for discharge.

I have received a copy of Solution-Based Counseling Services, LLC Policies and Procedures. I understand and agree to all of these policies.

Initials

I have received a copy of the Michigan Privacy Notice Form. I understand and agree to the terms of any PHI (Protected Health Information) disclosure.

Initials

I understand and agree for the need of disclosure of PHI (Protected Health Information) for the purpose of billing. I also agree to allow Solution-Based Counseling Services, LLC to submit claims on my behalf to my insurance company.

Initials

I have read and understand that I will be responsible for any fees discussed with my therapist, fees stated by my insurance company, any additional fees or charges that may be stated on a remittance advice and also any additional fees stated on the Solution-Based Counseling Services, LLC Policies and Procedures. I understand that the fees originally quoted by my insurance company may change when I and/or Solution-Based Counseling Services, LLC receives a remittance advice. I understand and agree to pay any copayments, coinsurances, and/or deductibles that my insurance company states I am responsible for.

Client/Parent Signature

Date

Therapist Signature and Credentials

Date