

# THE WELLNESS INSTITUTE OF MICHIGAN

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## POLICES FOR PSYCHOTHERAPY SERVICES

1. I do hereby agree to seek and participate in counseling treatment with The Wellness Institute of Michigan.
2. I understand that the fees for services are: \$230 for the initial session and for family sessions, and \$180 per hour for additional individual sessions and services.
3. In the interest of providing uninterrupted care, I understand that there are countless numbers of insurance policies and it is my responsibility to know and understand my policy(ies), to get authorization, and understand what is covered and what is not. If for some reason my insurance company does not cover some or all of my services, I am responsible to make the payment at the time the service is delivered.
4. I understand that my therapist and I will develop a treatment plan which will guide my treatment and that I am encouraged to participate in the process, and we will review my progress regularly.
5. I am aware that the practice of the psychotherapy is not an exact science, so predictions of the effects and the effectiveness are not precise and not guaranteed. I acknowledge that no guarantees have been made to me regarding the results of treatment or procedures provided by The Wellness Institute of Michigan and my therapist.
6. I am aware that I may terminate treatment at any time. However, if I choose to terminate therapy and I am dangerous to others or myself, I understand that The Wellness Institute of Michigan may have responsibility to notify appropriate individuals and authorities to assure my safety.
7. I am aware that any cancellations of appointments must be made more than 24 hours in advance of the appointment and that if I do not cancel in that time frame or do not show up, I will be charged for the appointment. This charge cannot be charged back to the insurance company because a cancellation or no-show is not a billable service. I understand that I will be charged \$75 for the missed appointment.
8. I am aware that an authorized agent of my insurance company or other third-party payer may request and be provided with information about the diagnosis, dates of services, clinical status, and some details of any services or treatments I receive so that payment may be made to The Wellness Institute of Michigan.
9. I am aware that if I have not paid for services received, my therapist may discontinue treatment, and/or may turn my account over to collections, or file a small claims suit.
10. Office hours are Monday thru Friday, 9:00am to 5:00pm. Evening and weekend appointments are scheduled with the individual therapist. If the therapist is not immediately available by phone due to being in session, please leave a message, and we will return your call at our earliest opportunity. However, the

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exception is weekends, vacations, and holidays. When we are not available, a number is suggested on the voicemail for treatment of psychiatric emergencies. If your therapist is on vacation, the office therapists may be made available for your therapy needs at your request.

11. When a child or teenager under the age of 18 is treated, information about the minor child will also be protected as mentioned above. Privacy in psychotherapy is very important for children and teens; however, parental involvement is also essential to successful treatment. Therefore, your signature on this form indicates that you understand that only general information about your child's condition will be shared unless the problems involve significant danger to self or others, a substance abuse problem which indicates abuse or dependence, a sexually transmitted disease, or other dangerous behaviors. Typically the policy is to bring the parents and the child together in session on a periodic basis, at which time the child is encouraged to share their own status in treatment with their parents when appropriate.
12. If you request that we correspond with other professionals such as doctors, lawyers, probation officers, or other organizations on your behalf, we do charge the patient. Fees are assessed at \$50 per 15-minute increment for phone consults or for correspondence that is developed in letter, email, or fax form, with a minimum fee of \$50. The fee for this service will need to be paid in advance of any communication being completed for a patient. Fees for legal testimony are charged at \$250 per hour. Fees will also be charged related to any time that we must travel on your behalf to court, schools, or treatment centers at \$1.00 per mile. The \$50.00 per 15-minute increment fee is assessed any time the therapist is away from the office and available on your behalf, and for preparation time. This may include phone consults, emails, reading faxes or reviewing the patient's file.

I certify with my signature below, that I have read, had explained to me where necessary, fully understand, and agree with the contents of these policies.

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Signature

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Date