



SHERRY DANIELS, MA, LPC, NCC

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MENTAL HEALTH TREATMENT AGREEMENT

My signature below indicates that I voluntarily seek and authorize Sherry Daniels, MA, LPC of Ascend Counseling Services to provide assessment and treatment services with the following understandings:

- I have the right to explanation in language I understand, of potential risks, consequences, and benefits of treatment and methods prior to their use, and I am entitled to request and obtain information regarding treatment alternatives.
- The treatment setting will be safe and free of physical, sexual, and other abuse, threats and acts of violence, and weapons and illicit drugs. All persons in the setting will be expected to be free of the influence of alcohol and drugs, except with the knowledge and approval of the therapist.
- I will participate in the development and follow through with my treatment plan.
- A record of treatment and conditions will be kept, and will be considered **confidential** in accord with the laws of the State of Michigan regulating privileged communication, except when:
 - legal constraints apply
 - when a compelling need arises based on substantial probability of personal harm to the client(s) or others, or in cases of life-threatening emergency,
 - when an insurance carrier asks to review the records to verify the services billed to it have been rendered, and/or
 - when I have signed an appropriate form for the release of information.
- When it is time for treatment to discontinue, I agree to participate in a final session designed for the specific purpose of terminating the treatment contract, evaluating its course, and projecting its benefits into the future.

I understand that if I fail to follow this agreement, I may forfeit the right to treatment. Sherry Daniels of Ascend Counseling Services has the authority to terminate treatment for lack of compliance.

I have read, understood, and agree to, the terms of this treatment agreement.

Signature _____ * Date _____

* if signed on behalf of a minor, give minor's name _____

__ File copy

__ Copy to Client