

# BEAR RIVER HEALTH



## Professional Disclosure Statement and Consent for Services for Michael Sullivan LPC, CAADC, NCC

### INTRODUCTION

Welcome to the office of Michael Sullivan, LPC, CAADC, NCC at Bear River Health. This disclosure statement is meant to provide you with some important information about your counselor and the counseling process. Please read the entire document, sign the last page, and bring this document to your first appointment. If you have any questions please ask Michael.

### COUNSELING PROCESS

We will explore your current situation in the initial session(s) to define your counseling goals. Then, I will present you with a plan to work towards those goals as we determine the strengths you already have, what obstacles you might encounter along the way, and how we will know when we have reached your goals. Sometimes these goals will be best facilitated by assessments that I may suggest as part of that process. I am confident that you will reach your desired healing and growth if you are willing to work for it. As a result, change can occur which may present new challenges. After reaching a goal we may decide to set more goals or you may choose to end your counseling for now.

### COUNSELING APPOINTMENTS

A typical session lasts fifty minutes and cost \$90.00. Full payment is due at the time of the session unless other arrangements have been made. If this fee is unaffordable other arrangements are *sometimes* available, please consult with Michael prior to setting up your first appointment. Please pay Michael directly and a receipt will be provided.

Assessments are not included in session fees. Prices for assessments vary, please ask Michael for current prices.

If you cannot make a scheduled appointment, please call as soon as you can. If an appointment is not canceled/rescheduled prior to 24 hours before the agreed meeting time, a \$35 rescheduling fee will be charged. If an appointment is missed without notifying Bear River Health via the telephone, full charge for the missed session will be charged. Bear River Health may choose to waive these charges in case of dire and legitimate emergencies.

Michael Sullivan LPC, CAADC, NCC  
*Licensed Professional Counselor*  
3890 Charlevoix ave. (suite #340).  
Petoskey, Michigan 49770  
Cell: (231) 838-7155  
Fax: (231) 622-8239

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## **COUNSELOR CREDENTIALS**

My (LPC) license (lic. #6401009216) allows me to practice the full scope of Professional Counseling. I am a Nationally Certified Counselor (NCC), a member of the Michigan Counseling Association, and the American Counseling Association. I am also a Certified Advanced Alcohol and Drug Counselor (CAADC).

## **COMPLETION**

I have an open door policy and you are always free to leave counseling whenever you wish. However, an ending session is a very important part of the process. My hope is that when you have completed your goals you will have a strong feeling of accomplishment. If you wish to discontinue counseling, please discuss this with me so we can maximize the time we have spent together. I can suggest alternative ways for you to continue your growth such as books, workshops, support groups, or referrals to other professionals if you wish.

## **LIMITS OF CONFIDENTIALITY**

As a professional counselor, I am ethically bound to provide you with confidentiality. That means that I will keep what you say between us, except when the law requires me to do otherwise (see below) or if you wish me to share your information with another. If you would like me to share your information with a third party, I must first obtain your written permission.

The limits to confidentiality are as follows:

- 1) Child or Dependent adult Abuse- If I have reasonable cause to suspect child or dependent adult abuse or neglect, I must report this suspicion to the appropriate authorities as required by law.
- 2) Danger to self or other- If I have reasonable cause to suspect that you are in imminent danger of causing serious harm to yourself or another person, I am obligated by law to take action to protect you and/or inform the other person(s) and relevant authorities.
- 3) Court order- If I am ordered by a court subpoena I am required by law to release your records
- 4) Adult and Domestic Abuse- If I have reasonable cause to suspect you have been criminally abused, I must report this suspicion to the appropriate authorities as required by law.
- 5) Your information may be revealed if I have to pursue payment through legal means.
- 6) In an emergency, if I need to act upon your behalf I will need to contact the emergency contact person you designate below

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Emergency contact person:

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

## **INFORMED CONSENT**

If you have any questions about this disclosure statement and Consent for services please ask Michael Sullivan LPC, CAADC, NCC before signing. If you would like a copy for yourself, one can be provided for you.

I, \_\_\_\_\_, have read and understand the information outlined above. I understand that I will have an opportunity to discuss any questions I may have regarding these services during my sessions. I have been informed of HIPPA regulations regarding my health care, the limits of confidentiality, Bear River Health's fees and terms and I consent to receive counseling services from Michael Sullivan LPC, CAAC, and NCC and agree to pay all fees incurred.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Parent signature** \_\_\_\_\_

(Required only if client is 17 years of age or younger)

## **COMPLAINTS**

If you wish to register a complaint regarding this counselor, you may contact the Michigan Department of Community health, Health Regulation Division, PO Box 30670, Lansing, MI 48909. Phone number (517) 373-9196.

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