

Monarch Counseling, LLC

Michelle Nichols, LMSW

234 South Fairview Avenue Lansing, Michigan 48912

(517) 980-5980

State Mandatory Disclosure Information

1. The therapist has appropriate qualifications and meets state requirements for counseling practice. The educational background, fees, and address of the appropriate agency to direct questions, concerns, or complaints related to the therapist is in the Professional Disclosure Statement, which you should receive from your therapist. The Michigan Department of Commerce has the responsibility of regulating the practice of Social Workers.
2. You are entitled to receive information about the methods of therapy, the techniques used and the estimated duration of counseling.
3. In a professional therapeutic relationship, disrespect and sexual intimacy is prohibited. If this occurs, it should be reported to the licensing board. This information is in the Disclosure Statement.
4. You may seek a second opinion from another counselor or terminate therapy at any time. It is in your best interest to communicate this with your therapist.
5. The therapist will endeavor to see that you are given the most appropriate treatment corresponding to your needs and your insurance.
6. If there are policy problems with your insurance, you will be responsible for correcting them or paying the therapist in full. The therapist does not negotiate with insurance companies. Please read the financial responsibility/fee agreement for complete details.
7. Sessions are 45-50 minutes in length, additional time may be billed.
8. Client confidentiality is paramount and is protected by law, including reporting when a client reports threat of harm to self or others. This law requires therapists to report to the proper authorities in these cases. Please read the Limits to Confidentiality form for more details, or inquire of your therapist if you have any questions or concerns.
9. The therapist is available for life threatening emergencies, 24/7 unless otherwise discussed with the client. In such cases where the therapist is not available, other services will be made available and are included in your initial paperwork.
10. Records will be kept for seven years from the date of the last counseling session. At this time, the records will be shredded without notice.

I have read and understand the information presented in this form. By signing, I give consent to treatment. My signature also indicates that I have received copies of the following documents and agree to abide by the conditions stated therein: 1) My Therapist's Professional Disclosure Statement 2) The Financial Responsibility Agreement 3) The Limits to Confidentiality Disclosure 4) After Hours and Emergency Information 5) My Privacy Rights

Client Signature

Date

Therapist Signature

Date

