

  
*Stonebrook*  
Counseling Associates, PLLC

Consent for Treatment

Patient Name/Birthdate

I am voluntarily entering into treatment with Stonebrook Counseling Associates, PLLC and authorize release of information about my treatment for reimbursement of services to a third party payer. I acknowledge that there are risks and benefits to treatment and will discuss these with my therapist if I choose to. I accept responsibility for payment of any copays or deductibles that I may incur for services. If I use electronic payment a receipt may be sent to my email address with Stonebrook Counseling Associates PLLC on it. I also understand if I use electronic means to pay any charge backs, including any denied payment of any copays I may incur for services including any denied payment at the following rates:

INTAKE SESSION \$275.00      INDIVIDUAL/CONJOINT SESSION \$175.00  
INDIVIDUAL HALF \$135.00      LATE/CANCEL/NO SHOW FEE \$35.00 \_\_\_/\_\_\_

\_\_\_\_\_  
Patient Signature/Date

\_\_\_\_\_  
Witness Signature/Date

**CONFIDENTIALITY**

The confidentiality of mental health and substance use patients are maintained and protected by Federal laws and regulations. No disclosure is made EXCEPT when a patient gives proper written authorization to release medical record information, a court order demands release of records, a patient presents as a threat to themselves or another, child/adult abuse is suspected or disclosure is made to medical personnel in a medical emergency. Please indicate correspondence preference below:

- DO NOT CONTACT BY MAIL**
- ALTERNATIVE ADDRESS** \_\_\_\_\_
- PHONE NUMBER(S) WHERE MESSAGE CAN BE LEFT** \_\_\_\_\_

**HIPAA ACKNOWLEDGEMENT:**

I received a copy of the privacy practices of Stonebrook Counseling Associates, PLLC and have had an opportunity to have my rights verbally explained to me.

\_\_\_\_\_  
Patient Signature/Date

\_\_\_\_\_  
Witness Signature/Date

37799 PROFESSIONAL CENTER DRIVE STE 106 LIVONIA, MI 48154  
2311 E. STADIUM BLVD. STE 212 ROOM 6 ANN ARBOR, MI 48104  
25600 WOODWARD STE 105 ROYAL OAK, MI 48067  
P-248-343-4695 F-248-380-7227



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