

Informed Consent

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Confidentiality

Clients have the right to confidentiality. Any information shared during session or in writing will be kept private with the exception of the following:

- written consent of the client is obtained
- in cases of imminent harm to the client or others
- when information pertains to actual or suspected abuse or neglect of a child, elderly person, or otherwise vulnerable person
- under court order

Termination of Counseling

You have the right to terminate counseling at anytime. If your counseling is court ordered, there may be legal consequences to termination. In the event that you would like to file a complaint regarding Grand Rapids Counseling Services or its clinicians, a written complaint should be sent to the following location:

Department of Licensing and Regulatory Affairs | Bureau of Health Care Services
Enforcement Division | Allegation Section | PO Box 30454 | Lansing, MI 48909

(517) 373-8068

Crisis

In the event of an emergency please call 911 or go to the nearest hospital.

By signing below, I acknowledge that I have read and understand this informed consent document and authorize Grand Traverse Counseling Services to provide my care.

Client Name Printed _____

Client Name Signed _____ Date _____