William K McDonald PLC - Counseling Services

- **William K. McDonald, M.Div, LMSW 129 N. River Street • Fenton, Michigan 48430**

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MENTAL HEALTH TREATMENT AGREEMENT

My signature below indicates that I voluntarily seek and authorize William K. McDonald, of William K McDonald PLC Counseling Services to provide counseling and treatment services with the following understandings:

• I have the right to explanation in language I understand, of any potential risks, consequences, and benefits of treatment and methods used, 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, weapons or 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 assent of the therapist.

• I am willing to 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

WKM note: In a time of the increasing vulnerability of any and all digital information, I am increasingly heedful on behalf of my clients. I am reluctant to provide any treatment, the subject matter of which I would be requested to report or summarize to an outside party, except as noted above. Do not use my services if you intend a record or summary of them be made available to a Court of Law. (One exception would be reporting compliance to a parole or probation authority.) The true nature and power of good counseling and psychotherapy is its strict confidentiality - to the extent that no clinical information leaves my office, in digital or paper form [except as already noted]. (After ten years inactivity, case files are destroyed.) Exceptions to absolute confidentiality can also apply in cases of the treatment of children and adolescents or those under legal guardianship.

• When it is time to conclude treatment, 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. William K. McDonald has the authority, when no other remedy seems evident, to terminate treatment for lack of compliance.

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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 ___