



## Client Rights and Consent to Treatment

### Client Rights

Emerson Delacroix, MACP, LLP is a provider of outpatient services at Wellspring Healing Center, LLC. In providing these services, client rights will be protected generally and specifically in the following ways:

1. Each client will be treated impartially regardless of race, religion, sex, sexual orientation, gender identity ethnicity, age or ability.
2. Each client will be treated with respect to personal dignity in the provision of all services.
3. Each client will be treated according to individual treatment needs by a competent, qualified and experienced therapist, who will periodically review the individual treatment needs and treatment implemented.
4. Each client over seventeen years of age will have the opportunity to actively participate in the treatment planning process. Parents and/or guardian must agree to the treatment plan if the client is mentally impaired, developmentally disabled, or is a child or adolescent.
5. Each client will have an explanation of their individual treatment needs, treatment implementation, plans and discharge plans, as well as any necessary aftercare plans.
6. Each client's personal privacy and confidentiality in record and verbal communication will be protected and follow Wellspring Healing Center, LLC's procedure for information release and client consent.
7. Each client will have the right to request an alternative professional opinion in an alternate facility, and may expect complete cooperation in obtaining alternative professional care subject to Wellspring Healing Center, LLC's procedure for information release and client consent.
8. Each client will have the right to expect a full accounting of all charges for services and an explanation upon request for all charges and services rendered by Wellspring Healing Center, LLC and/or their employees.
9. The policy of Wellspring Healing Center, LLC's and/or their employees is to charge **\$60.00** for missed appointments or appointments not canceled 24 hours in advance. Each client may expect that Emerson Delacroix, MACP, LLP and/or their employees will render services in compliance with the Statutes of the State of Michigan.
10. Each client has the right to refuse specific treatment procedures, however, Wellspring Healing Center, LLC and/or their employees may, upon reasonable notice, make referral to another appropriate facility or terminate the relationship with The client if it is felt that it is in the best interest of the client.
11. Each client has the right to initiate a complaint with Wellspring Healing Center, LLC if they feel they have been treated wrongly or unfairly.

### Consent to Treatment

The client, in contracting for outpatient psychological services with Wellspring Healing Center, LLC and/or their employees agrees to Consent for Treatment and to acknowledge and accept the following conditions for the treatment and abiding policies and procedures of Wellspring Healing Center, LLC.

Client Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. The client gives voluntary consent for treatment and authorizes Wellspring Healing Center, LLC's and/or their employees to administer outpatient psychological services to the client.
2. The client accepts treatment upon their own free will and may terminate treatment upon their own free will, be it verbal or written notice, and in so doing, agrees to hold Wellspring Healing Center, LLC, and/or their employees free from any and all further responsibility to the client for the client's action.
3. The client agrees not to abuse Wellspring Healing Center, LLC's and/or their employees nor office clinic property and understands that such abuse may constitute sufficient cause for discharging the client from services with Emerson Delacroix, MACP, LLP and/or their employees.
4. The clinic appoints and authorizes Wellspring Healing Center, LLC and/or their employees to demand, collect and receive all monies due and payable with any respect to insurance, medical reimbursement, benefits, disability plans, contract, or policy arising directly or indirectly out of services provided to the client or applicable family members by Wellspring Healing Center, LLC and/or their employees and further agrees that this authorization does not constitute a waiver or release by Wellspring Healing Center, LLC and/or their employees or any sum of money due and owing to Wellspring Healing Center, LLC and/or their employees for services provided to the client or applicable family member.
5. The client agrees to keep appointments as scheduled and to give 24 hour notice if canceling.
6. The client accepts the responsibility of paying for the treatment if the client's insurance does not cover the cost in full. The client realizes that delinquent accounts over 60 days may be turned over to a collection agency. In the event that the client's account is turned over to a collection agency, a one time 35% collection fee, as well as an annual 7% interest charge, will be added to the principal amount owed by the client to Wellspring Healing Center, LLC and/or their employees.
7. The client, in any emergency and/or life threatening circumstance agrees to waive any previous agreement to consent to treatment and authorizes Wellspring Healing Center, LLC and/or their employees to release to any party deemed necessary to protect the life of the client or applicable family member, and to hold free from all liability and responsibility for such actions Wellspring Healing Center, LLC, and/or their employees.
8. The client realizes that Emerson Delacroix, MACP, LLP and/or their state licensed employees of Wellspring Healing Center, LLC are mandated by law to report child abuse/neglect, and abuse/neglect of other vulnerable persons (such as elderly or developmentally disabled). This reporting will be made to the appropriate social service/ law enforcement authorities and is not a breach of confidentiality as long as the reporting is done in good faith.
9. I understand my rights and responsibilities listed in this document and agree with the said policies of the practice of Wellspring Healing Center, LLC I understand my non-compliance with any of these policies may be cause for the closing of my case and referral to an alternative source for mental health treatment.

I hereby witness the foregoing agreement and believe to the best of my knowledge at this time that the client, parent, or legal guardian, whose signature is above, is either appropriately qualified to enter into this agreement by attested identity or by mental-legal competence whereupon the party signing appears to be able to distinguish right from wrong and to understand the agreement.

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Signature of the legal name of the client, parent or authorized legal guardian

Date

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Printed legal name of the client, parent or authorized legal guardian)

Date

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Witness

Date

Client's legal name: \_\_\_\_\_ DOB: \_\_\_\_\_