

Lighthouse Solutions, LLC
Dr. Ronald D. Ramsey, D.Min., LLMFT
1460 Walton Blvd., Rochester Hills, MI 48309
248.824.5276

Informed Consent Form

Welcome

I voluntarily give consent to Dr. Ronald D. Ramsey, D.Min., LLMFT to provide mental health evaluation, treatment, coaching, spiritual guidance, and/or other services that we mutually determine to be appropriate to myself.

Dr. Ramsey takes a person-in-environment approach to therapy. This means that he believes that many factors in addition to biology and temperament contribute to emotional health. He feels that it is important to consider your strengths and challenges in the context of your relationships, cultural/racial/religious background, economic/employment situation, and physical health.

Participants who benefit most from personal counseling commit to showing up on time ready to work on their identified goals. You are responsible for making the decisions and changes that are part of the work of therapy.

Rights and Responsibilities

As a therapy participant, you have the right to be treated with integrity, dignity, and respect. The Michigan Mental Health Code and other laws safeguard those rights. If you believe your rights have been violated, please address the issue with your counselor. Concerns may be communicated with: Michigan Department of Licensing and Regulatory Affairs, Enforcement Division - Allegations Section. P.O. Box 30670, Lansing, MI 48909 (517) 373-9196.

When appointments must be changed or canceled, we will make every effort to let you know. We ask you to do the same.

I understand that I am to provide at least 24 hours notice in the event that I need to cancel or reschedule my appointment. Exceptions to this policy include cases of emergency and/or prohibitive weather conditions.

Therapy sessions are 45 minutes in length. If I am late to my therapy session, I understand that the session will still end at the previously scheduled time. If I choose to end my therapy sessions, I will give at least two weeks notice to Dr. Ramsey so we can discuss my options, and provide closure to the therapy relationship.

I understand that any communication in the course of therapy is not admissible, and I will not try to and have it admitted in any legal or administrative proceeding. I agree that Ronald D. Ramsey will not be called as witness on behalf of any family member or me in any legal or administrative proceeding.

Confidentiality Guidelines

All information shared in a therapy session will be kept confidential unless you sign a "Release of Information." It is essential that you feel free to share what's on your mind and in your heart when you're with your counselor. Dr. Ramsey will not speak to anyone on your behalf without your explicit written permission.

There are six exceptions to confidentiality:

1. **Child or elder abuse.** Therapists are legally required [under the "Duty to Warn" and "Duty to Protect" laws] to report any suspicions of abuse or neglect to the Protective Services division of the Michigan Human Services Agency. When possible, your therapist will support you in making the call; however, if you are unable to do so, s/he will make the report.
2. **Serious harm to yourself.** In the interests of protecting you from serious self-harm, your therapist may recommend hospitalization, notify family members, individuals, and/or agencies to help you through the crisis.
3. **Harm to someone else.** Likewise, if you indicate that you are about to harm someone else, your therapist is legally bound to contact the intended victim and/or agencies that will help you through the crisis.
4. **Medical emergency.** If you experience a medical emergency while in our office and are unable to communicate, we are obligated to give your name and any pertinent medical information to the emergency medical technicians.
5. **Legal action.** Although it doesn't happen very often, a copy of your file could be legally requested (subpoenaed) by your attorney or someone else's attorney in a civil or criminal case. It is critical that you review and sign off on your records before they are released. You have the right to challenge a records request under a law that protects *confidentiality of communication* between therapists and clients [*Michigan Case Law, Section 333.18513*]. Ask your attorney whether a refusal to submit the requested information will help or hinder your case.

And finally, it is important that you discuss with your therapist what procedures you will follow if the two of you see each other in a public place. In general, the therapist will not acknowledge your presence out of respect for your confidentiality (especially if either of you is with another person). Your privacy is important to us.

Fees for Services

Lighthouse Solutions, LLC requires payment at the time of services. Individual sessions of 45 minutes are \$85 and couple/family sessions of 90 minutes are \$120. A service fee of \$35 will be assessed for appointments that are missed without a 24 hour notice. Notice may be made by telephone or text at: 248-824-5276. Lighthouse Solutions, LLC. accepts cash, check, and most major credit cards. Clients who are not able to pay the standard fee may apply for a reduced fee amount on a sliding scale. Reduced fees are based on income and require a W2 from the previous year or two recent pay check stubs in order to be approved for a reduced fee.

Authorization for Services

I acknowledge that I am voluntarily authorizing individual, couple, or family counseling services for myself at Lighthouse Solutions, LLC. I have been informed of the purpose of treatment, the service(s) that may be provided, the process for addressing concerns, and any attendant benefits, risks, and/or consequences. I agree to the conditions specified above.

Client signature (legal guardian if client is a minor)

Date

Counselor signature

Date

Authorization for Christ Centered counseling services

I acknowledge that I am voluntarily requesting that Dr. Ramsey incorporate the use of prayer, scripture, and biblical and spiritual concepts in the counseling process. I have been informed of the purpose of treatment, the service(s) that may be provided, the process for addressing concerns, and any attendant benefits, risks, and/or consequences. I agree to the conditions specified above.

Client signature (legal guardian if client is a minor)

Date

Counselor signature

Date