

JENNIFER MORRIS MENTAL HEALTH COUNSELING, LLC  
17344 W 12 MILE RD, SUITE 209  
Southfield, MI 48076  
(248) 923-1408

I hereby give consent to EAP, evaluation, and/or treatment services for

\_\_\_\_\_ Myself  
\_\_\_\_\_ My legal dependent: \_\_\_\_\_ (relationship)

I understand that a record of my evaluation/treatment will be kept, and if health insurance pays for any portion of fees charged, the record may be reviewed by my insurance company, if requested. Only those items of information that are allowed under federal (HIPPA) regulations will be furnished. I authorize the release of information necessary to process insurance claims, and I authorize payment for services to Jennifer Morris Mental Health Counseling, LLC.

Except as noted above in the Privacy Notice, or in the event of a medical emergency or court order, my record is strictly confidential and will not be released to anyone without my written consent.

I agree to be responsible for payment for all services received at Jennifer Morris Mental Health Counseling, LLC, to myself, my spouse, and/or my legal dependent that are not paid by insurance, including deductibles, co-payments, a fee for appointments not kept or canceled less than 24 hours in advance, and any late, collections, and or attorney fees (if any) if this account is unpaid.

I understand that the services provided by my therapist are based on currently accepted mental health practices and that the outcome cannot be guaranteed. I also understand that no representation is made by my therapist that they are treating or are responsible for diagnosing any physical medical problem. I agree to consult my physician regarding all physical health matters.

My signature indicates that I have been given a copy of Jennifer Morris Mental Health Counseling's Privacy Notice which details the potential uses and disclosures of my record, as well as materials concerning Code of Ethics, Client Rights and Responsibilities, and policy on prevention and control of infectious disease.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness