



Professional Disclosure Statement

MET|PLUS 501(c)3 Nonprofit Organization

I, _____, having completing the required educational studies, internships and having obtained licensing from the State of Michigan as a MSW, LMSW, I am required to inform you of the following:

1. Client's rights: You have a right to be treated with dignity and respect. It is your right to terminate the therapeutic relationships at any time.
2. Client's responsibility to attend all scheduled sessions. In the event that you cannot keep a scheduled session it is imperative that you call me to cancel, and to reschedule. Please call ahead (24 hours) to inform me of your cancellation. If not there is a \$25 cancellation fee.
3. Therapist rights and responsibilities: It is my responsibility to provide you with a safe and supportive environment that is conducive to therapy. It is my right to terminate the therapeutic process if you don't show any interest (e.g., constantly missing appointments); it is my responsibility to be here for all scheduled appointments. In the case of emergency, I will call you to reschedule an alternative appointment. Everything you say to me is confidential unless:
 - You are a threat to yourself or others
 - You are abusing a child (e.g., sexually or physically)
 - You are hearing voices that tell you to do harm to yourself or others
 - There is a court order.

LMSW _____
29150 Carlisle
Inkster, MI 48141
866-371-1130

I have read and understand the above disclosure statement:

Consumer Signature

Date