

Professional Disclosure and Treatment Contract

Purpose of This Document

The following document answers some of the commonly asked questions about my therapy practice. My hope in providing you with this information is that you will be informed about me as a therapist, the therapy that I provide, and some of the policies of my private practice—in order that we can be a “good fit” for one another. I work collaboratively and I believe the client benefits when there is an open exchange between therapist and client.

This document will also serve as a therapeutic contract.

It contains your rights as client, as well as fee information and my assigned right to release information about you to your insurance company. Remember, it is your right to have a complete explanation of therapy, so feel free to ask any questions.

Who is Yvonne Makidon?

I am trained as a Social Worker and a Marriage and Family Therapist. I also hold a certification that allows me to work with substance abuse/dependence problems (CAADC). I work with all kinds of families and most kinds of problems.

I was born and raised in Michigan. I obtained my Bachelors degree in Social Work from the University of Michigan - Flint, and my Master's degree in Social Work from Michigan State University. I hold a Ph.D. in *Human Development and Family Studies*—with a specialization in Marriage and Family Therapy—from Michigan State University.

I am also a certified sex therapist (CST); I am a certified IFS therapist.

I consider myself to be a relational therapist. I specialize in working with intimate relationships (regardless of marital status or sexual orientation) and families. As a part of this identity, I also see individuals. I do so with the understanding that individuals are constantly relating to others around them and this is important to the functioning of that individual. As a part of my training as a Family Therapist, I also work with children who are having life difficulties. This work typically involves family involvement of some kind.

How Long Will I See You?

The answer to this question largely depends on you and your goals for therapy. I commend people who have the courage to seek assistance when they feel that they or their family's lives are not where they would like for them to be. To me, seeking help is a sign of health, not pathology. I believe that everyone deserves to have positive relationships with themselves and those around them. To achieve this goal, we will work together to determine what the goals of therapy will be. Depending on the nature of the goals, we will decide realistically how short-term or long-term the therapy will be. For some, this may be a few sessions. For others, it may be many months. You will be the biggest part of this decision making process.

How Do I Contact You?

I am easy to reach via my confidential cell-phone/voicemail: 810-659-7242. My goal is to return your call as soon as possible. But should you be experiencing a crisis or a life threatening emergency, it is **always best to call 911** or go to the nearest emergency room.

Your Rights as a Client

There are many approaches to therapy and many different kinds of therapists.

1. You have a right to ask questions about any part of the therapy process.
2. You have the right to stop therapy at any time without any obligations other than the costs accrued.
3. You have the right to confidentiality of information. Within limits, the information from our sessions will not be revealed to any other person or agency without your written permission.
4. I keep records pertaining to treatment goals and progress towards those goals for each session. If an insurance company is paying for your treatment they may request information regarding your treatment this is part of the contract.
5. If you are involved in a civil suit the court may subpoena your records as part of the civil suit. Before releasing any information, I will attempt to contact you to discuss the request with you.

You need to be aware that there is certain information that **I am by law obligated** to disclose without your permission. Although I am not required to inform you of my actions in this regard, I will keep you informed if the need arises. The mandatory reporting situations are:

- A) If you threaten bodily harm to another person or yourself.
- B) If you (or your children) reveal information related to child abuse or neglect.
- C) If a court of law issues a subpoena I am required to reveal information specifically described in the subpoena.
- D) If you are in therapy by order of a court of law, the results of the treatment or tests ordered must be revealed to the court.

Fees and Contract

1. I agree to enter into therapy with Yvonne Makidon, Ph.D., LMSW, LMFT, CAADC, CST
2. If I cannot attend a scheduled session, I will give 24 hours notice.
3. If I do not give 24 hours notice, **I understand that I will be required to pay for the session.** I understand that there are exceptions (such as bad weather), and we will discuss these if needed.
3. **I agree to pay \$160** in full at the end of each sixty-minute session. If insurance is paying for therapy I understand that I will be responsible for any deductibles and co-pays. It is the client's responsibility to pre-qualify with their insurance for all mental health services. Grand Blanc Therapy offers billing of insurance companies as a service to clients.
4. I understand that I can leave therapy at any time and that I have no moral, legal, or financial obligations other than those already accrued.
5. We may use and disclose medical information about you so that the treatment and services you receive may be billed, and payment may be collected from you, an insurance company, or a third party payer. For example, we may need to give your health plan information about treatment you received so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

By signing this document, I authorize Dr. Yvonne Makidon to release any medical information required by my health insurance company to process a claim.

Termination

Termination of therapy usually occurs when you achieve your treatment goals. If you decide to terminate before that time, I will honor that decision. However, to achieve a sense of closure, it is helpful to clarify and understand the decision to terminate therapy, so the hope is that you will give me the opportunity for a final session in order to complete the termination process.

Acknowledgement of Receipt

I have received the Notice of Privacy Practices (the document is on the website: www.grandblanctherapy.com) regarding HIPPA. I read and understand this practice policy statement, agree with its terms, and received a copy for myself.

By signing below I am indicating that I have read this document, understand my rights as a client, and accept the responsibility to pay for services as stated.

Name: _____ Date: _____

Name: _____ Date: _____

Therapist: _____ Date: _____
Yvonne Makidon Ph.D., LMSW, LMFT, CAADC, CST