

**MICHAEL PATTERSON, LMSW  
NAMASTE FAMILY SERVICES, LLC  
CONSENT FOR TREATMENT & FINANCIAL RESPONSIBILITY**

**I \_\_agree to engage in mental health counseling with Michael Patterson, LMSW. I understand this will entail an obligation on the part of Michael Patterson and me. I can expect:**

- **To be treated with dignity, respect, and compassion.**
- **Not to have my rights violated under the laws of the United States and the Michigan Mental Health code.**
- **That if I feel my rights are violated, I may make a formal complaint to the Michigan Bureau of Health Professions.**
- **That no information regarding my treatment will be shared with anyone else unless I give expressed written consent.**

**As a client I agree:**

- **To work on my treatment goals agreed upon to the best of my ability.**
- **I understand that I am solely responsible for all fees associated to therapy including late fee's, sessions fee's, or any expenses incurred by Michael Patterson that are directly related to my treatment or the collection of unpaid fees. If insurance is used I am responsible if they reject coverage.**
- **I will not be verbally or physically threatening or intimidating to anyone while in the office of Michael Patterson.**
- **That I will not use any mind or mood altering substance before a session or while on the premises.**
- **To give 24 hour notice before canceling an appointment, realizing that if I do not give this notice, I may be charged a no show or late cancellation fee.**

**I realize that either Michael Patterson or I may end this agreement at any time.**

\_\_\_\_\_  
**Client or Parent/Guardian / Date**

\_\_\_\_\_  
**Witness / Date**

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**Client or Parent/Guardian / Date**