



**JOY COUNSELING SERVICES**  
*Inspiring Joy, Hope & Peace*

Grace Counseling Professionals (in Heritage Square) 928 S. Garfield Ave. Ste. 3, Traverse City, MI 49686  
Ph: 231-642-5577, Fax: 231-486-6562, [joycounselinginc@gmail.com](mailto:joycounselinginc@gmail.com), website: [joycounselingservices.com](http://joycounselingservices.com)

**Information, Authorization, and Consent to Treatment for Joy Counseling Inc.  
(Grace Counseling Professionals, LLC)**

Welcome. To begin your counseling journey, this form will provide you with information on my credentials, the process of counseling, confidentiality, emergencies, and other details about your treatment. At any time during your treatment, please feel free to ask any clarifying questions.

**My credentials**

License(s): MI 6401008840, VA 0701004902,

To verify my license, please contact your local state licensing board

Credentialing: MA, LPC, NBCC, CLC, CTC

Experience: 20+ years

Education: BA in Communication Arts and Sciences, Michigan State University

Master's Degree in Counseling, Oakland University

**Your participation**

Your decision to seek counseling is an important decision. I respect your confidentiality. I hope and expect that you will feel comfortable sharing your hurt, your hopes, and your dreams. I appreciate clients who are on time for their appointments and are willing to work outside of session on the goals and strategies that we foster together.

**Confidentiality and Records**

It is my personal, professional, and legal obligation to keep all of your PHI (Protected Health Information) confidential with some exceptions. The Notice of Privacy Practices

HIPAA form on Joycounselingservices.com provides detailed information as to how private information regarding your health care is protected and under what circumstances it may be shared.

Other than the exceptions listed on the Notice of Privacy Practices form, I, Kim Clark, and the personnel from the billing company that I use, Therapy Appointment, will be the only people viewing your information. Your insurance provider will receive your information if included by you on your Therapy Appointment intake form.

I have a BAA (Business Associate Agreement) with Therapy Appointment, meaning that they have safety measures in place to keep your PHI secure and confidential. They are regulated by the government and are HIPAA compliant.

### **Face to Face Counseling**

All face-to-face counseling will be at my office at the following location at Grace Counseling Professionals in Heritage Square- 928 S. Garfield Ave. Suite 3 Traverse City, MI 49686.

### **Tele-counseling**

All tele-counseling can be done through encrypted platforms to meet the federal standard, at your request. Please note that other forms of video/phone communication are not secure and are done so at your own risk.

Tele-counseling should not be viewed as a substitute for face-to-face counseling. It is an alternative form of counseling with certain limitations.

By signing this document, you agree that tele-counseling:

- may lack visual and/or audio cues that may cause misunderstanding.
- may have disruptions in the service and quality of the technology used.
- may not be appropriate if you are having a crisis, acute psychosis, or suicidal/homicidal thoughts.

### **Emergency Management**

So that I can get you help in the case of an emergency and for your safety, the following is important and necessary. In addition, by signing this agreement form, you are acknowledging that you understand:

- You, the client, will inform me, your therapist, of the location in which you will consistently be during tele-counseling sessions and will inform me if this location changes.

- You, the client, will identify on your client information form a person with whom I am authorized to contact in case I believe that you are at risk. If I deem necessary, I will call 911 to evaluate you and/or transport you to a hospital.
- All this information should be updated on your Therapy Appointment contact information page and should remain current.

### **Emergency Contact**

If you are ever experiencing an emergency, including a mental health crisis, please call 911. The suicide Lifeline is 1-800-273-8255 or go to your nearest emergency room.

If you need to contact me the best method is:

- By phone 231-642-5577

# AGREEMENT



Please print, date, and sign your name below indicating that you have read and understand the contents of the Joy Counseling Agreement and the HIPAA agreement. This indicates that you agree to the policies of your relationship with me as your therapist, and you are authorizing me to begin treatment with you. **This page can be faxed to 231-486-6562 or emailed to [joycounselinginc@gmail.com](mailto:joycounselinginc@gmail.com). It must be signed and sent back upon receipt before treatment begins. It is only necessary to fax or bring in this page.**

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**Client Name (Please Print)**

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**Client Signature**

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**Emergency contact person and phone number(s)**

**If Applicable for minors under the age of 18:**

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**Name of Parent or Legal Guardian (Please print)**

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**Signature of Parent or Legal Guardian**

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**Date**

Please note that it is your responsibility to get authorization from the other parent prior to your child's appointment. By signing this document, you are authorizing that both parents agree of counseling for your child.

Joy Counseling Inc./Grace Counseling Professionals LLC- Kim Clark  
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