

Davenport & Associates Counseling and Consulting, PLC
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“FOSTERING GROWTH AND RESILIENCE”

SERVICES CONTRACT

Welcome to the office of Davenport & Associates Counseling and Consulting, PLC. This document contains important information about my professional services and business policies. It is important that you read this document carefully and present any questions that you have during our first session. Signing this document means that there is a binding agreement between you and I.

ASSUMPTIONS OF RISKS

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any “cures” cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

Because of the nature of counseling it involves both benefits and risks. Some of the benefits include better functioning in various areas of living, finding solutions to specific issues and a decrease in negative feelings, thoughts and behaviors. However, it does have some risks because you often will discuss unpleasant memories and related feelings.

COUNSELING SERVICES

I provide professional counseling services to children, adolescents and adults. Counseling is “a professional relationship that empowers diverse individuals, families and groups to accomplish mental health, wellness, education, and career goals.

CREDENTIALS

I am a State Board Licensed Professional Counselor (LPC; License #6401010707) and a National Certified Counselor (NCC), which means that I am board certified counselor. I also have a Doctorate in Counselor Education from Wayne State University.

I am currently a Lecturer at Wayne State University. I also worked for over 10 years as the counselor and coordinator for an Employee Assistance Program where I assisted individuals with issues ranging from anxiety, depression, behavioral problems, substance abuse, addictions, anger management, interpersonal conflicts, self-esteem issues, sexuality issues, grief/loss, and trauma. I have also worked in a school system as a counselor and consultant.

SESSIONS

For adult, family and group counseling, the initial evaluation time can range from between 1-3 sessions. These sessions may range from 45-60 minutes. All subsequent sessions will be 45 minutes.

For child and adolescent counseling, during the initial evaluation I will meet with the parent(s) and the minor to discuss the specifics and magnitude of the issue. I subsequently, will meet with the minor individually and the parent as needed either the first 10 minutes of the session or the last 10 minutes of the session. Child and adolescent sessions will range from 30-45 minutes depending on the age and developmental stage of the adolescent.

If counseling is initiated, I will schedule one forty five minute session per week or possibly 30 minute sessions for minors at a mutually agreed upon time. **You are responsible for payment at the time of services.**

You are responsible for payment of a scheduled appointment unless you provide **24 hours advance notice of cancellation**, unless unforeseen emergencies arise.

As part of my services, understandably we will have telephone communications, however, communications via telephone that extend beyond scheduling will be designated as a session and will be prorated based on my normal fees. These fees will be due at the time of your next scheduled in-office appointment.

In an effort to maintain confidentiality, communication via internet is not utilized with the exception of scheduling via email.

BILLING AND PAYMENT

At the time of service you are responsible for payment. I accept cash, personal checks, money order and credit card. I also accept many forms of insurance.

Insurance Carrier: _____

MINORS

If you are under 18 years of age, the law provides your parent(s) with access to your record. However, in an effort to strengthen the therapeutic relationship I encourage parent(s) /guardians to waive this right and discuss pertinent information as a group during the first or last ten minutes of sessions as needed.

CONFIDENTIALITY

Without the **written consent** of the client or their legal representative I am obligated to maintain confidentiality. However, I am obligated to break confidentiality under certain circumstances which includes:

- **Harm to yourself:** If I believe that you are threatening harm to yourself I am legally obligated to report this. This means that I am required to take actions to protect you such as requiring hospitalization or seeking assistance from loved ones or law enforcement.

- **Harm to others:** If I believe you are threatening serious harm to others I am legally obligated to report this. I have a duty warn the individual(s) who you are threatening, notify law enforcement and seek assistance or hospitalization for you.
- **Harm to minors or individuals who are mentally, emotionally or physically impaired:** If I believe that you are threatening harm to individuals who have a disability I am legally required to report it to the appropriate state agency
- **Harm to the elderly:** If I believe that you are threatening harm to an individual who is elderly I am legally required to report it to the appropriate state agency.
- **If I am required to by court order.**

By signing this contract you are entering into a binding agreement with Sameerah Davenport, PhD, LPC, NCC. By signing this agreement you are acknowledging that you understand and agree to abide by its terms.

DATE

CLIENT

DATE

PARENT/GUARDIAN (If Client is a minor)

DATE

PARENT/GUARDIAN (If Client is a minor)

DATE

COUNSELOR