

INFORMED CONSENT FOR PSYCHOTHERAPY / COUNSELING SERVICES

Alternative Pride Wellness, LLC

Effective Date: October 10, 2026

Psychotherapy is a collaborative professional relationship. This document explains the nature of services, potential benefits and risks, confidentiality and its limits, treatment expectations, records and technology, and your choices as a client. Please ask questions about anything you do not understand before signing.

PROVIDER & SERVICES

Provider: Monica Rose, LMSW

Practice: Alternative Pride Wellness, LLC

Phone: (231) 828-1905

Email: Monica@alternativepridewellness.com

Psychotherapy may include assessment, treatment planning, psychoeducation, coping and emotion-regulation skills, cognitive and behavioral interventions, mindfulness, communication and boundary work, supportive therapy, and other clinically appropriate approaches. Treatment is individualized and no particular technique or outcome is guaranteed.

AFFIRMING & INDIVIDUALIZED CARE

Alternative Pride Wellness is committed to respectful, affirming, nonjudgmental care. Therapy may address identity, sexuality, gender, neurodivergence, relationships, kink/BDSM, polyamory or ethical non-monogamy, family dynamics, trauma, mood, anxiety, self-esteem, boundaries, and other concerns relevant to your goals. Consensual identities, relationships, and lifestyles are not treated as inherently pathological.

BENEFITS & RISKS

Psychotherapy may improve insight, coping, emotional regulation, communication, relationships, self-esteem, symptom management, and functioning. Benefits vary and cannot be guaranteed.

Therapy can also involve difficult or painful material and may temporarily increase sadness, anxiety, anger, grief, frustration, or vulnerability. Therapy may lead you to reconsider relationships, boundaries, beliefs, habits, or life choices. Some people experience limited benefit or decide another approach or provider is a better fit.

ASSESSMENT, DIAGNOSIS & TREATMENT PLANNING

The therapist may assess symptoms and functioning and, when clinically appropriate or required for treatment or insurance billing, assign a mental health diagnosis. A diagnosis may be revised as additional information becomes available. You may ask questions about your diagnosis, recommendations, and treatment plan. Treatment goals are developed collaboratively and may change over time.

YOUR PARTICIPATION & CHOICES

You may ask questions, discuss concerns, request changes in goals, decline a particular intervention, request a referral, or choose to discontinue treatment. You are encouraged to tell the therapist when something feels unhelpful, unclear, uncomfortable, or inconsistent with your goals.

CONFIDENTIALITY & ITS LIMITS

Information shared in psychotherapy is generally confidential and protected by applicable privacy laws and professional standards. Information may be used or disclosed for treatment, payment, health care operations, and other purposes permitted or required by law.

Confidentiality is not absolute. Depending on applicable law and circumstances, disclosure may be required or permitted for matters such as legally reportable abuse or neglect, certain serious safety threats, court orders or other legal requirements, health oversight, and other authorized situations. Additional details appear in the Practice's Notice of Privacy Practices.

COUPLES, FAMILY & MULTI-PERSON SERVICES

When more than one person participates in treatment, privacy and confidentiality can be more complex. The therapist will discuss expectations regarding information shared individually, records, communication, and the therapist's role. The Practice cannot guarantee that another participant will keep information confidential outside sessions.

RECORDS & DOCUMENTATION

Alternative Pride Wellness maintains clinical and administrative records as required for treatment, billing, legal, ethical, and operational purposes. Records may include assessments, treatment plans, progress notes, communications, and billing information. Rights regarding records and protected health information are described in the Notice of Privacy Practices.

AI-ASSISTED DOCUMENTATION

When you have provided applicable consent, Alternative Pride Wellness may use an approved AI-assisted documentation platform to help prepare draft clinical documentation. AI does not replace professional judgment. Monica Rose, LMSW remains responsible for reviewing and finalizing documentation. Your choices are described in the separate AI-Assisted Documentation Consent.

TELEHEALTH

Alternative Pride Wellness provides services through telehealth. Telehealth has benefits and risks, including technology failures, privacy considerations, and emergency-response limitations. You may be asked to verify your identity, physical location, and contact information. Services may only be provided when the therapist is legally authorized to practice where you are physically located. A separate Telehealth Informed Consent applies.

COMMUNICATION & EMERGENCIES

Email, voicemail, portal messages, texts, and social media are not continuously monitored and should not be used for emergencies. Alternative Pride Wellness is not a 24-hour crisis service. If you are in immediate danger, may seriously harm yourself or another person, or require immediate intervention, call **911** or go to the nearest emergency department. In the United States, you may also call or text **988**.

FEES, INSURANCE & ATTENDANCE

You are responsible for applicable financial and attendance policies, including patient-responsibility amounts, current insurance information, and payment-method requirements. Alternative Pride Wellness requires at least **24 hours' notice** for cancellations or rescheduling. Late cancellations and no-shows are generally subject to a **\$75 fee** when permitted by law and payer requirements. Separate Practice Policies, financial agreements, and the Cancellation & No-Show Policy provide additional details.

GOOD FAITH ESTIMATES

If you are uninsured or choose not to use insurance for applicable services, you may have federal rights to receive a Good Faith Estimate of expected charges. The Practice provides separate Good Faith Estimate information and individualized estimates when applicable.

COORDINATION & RELEASES

With written authorization when required, the therapist may communicate with other health professionals or other people involved in your care. In some circumstances, information may be disclosed without authorization when permitted or required by law. Authorizations may generally be limited and revoked prospectively as allowed by law.

PROFESSIONAL BOUNDARIES & SOCIAL MEDIA

Alternative Pride Wellness does not provide therapy or crisis care through public social media. Publicly following, tagging, commenting, reviewing, or otherwise interacting with the Practice may reveal information about your association with mental health services. The Practice will not publicly confirm that you are a client.

ENDING THERAPY & REFERRALS

You may choose to end therapy. The therapist may recommend ending or transferring care when services are no longer clinically appropriate, the Practice cannot adequately meet your needs, attendance substantially interferes with treatment, professional boundaries cannot be maintained, or another provider or level of care is indicated. When clinically appropriate and reasonably possible, transition or referral information will be discussed.

NO GUARANTEE OF OUTCOME

Psychotherapy is individualized. Alternative Pride Wellness cannot promise a particular diagnosis, symptom reduction, relationship result, employment or educational outcome, legal result, or other specific outcome.

QUESTIONS & CONCERNS

You are encouraged to ask questions about this consent, treatment, privacy, fees, policies, or recommendations at any time. Concerns may be discussed with Monica Rose, LMSW. Nothing in this agreement prevents you from using applicable complaint or grievance processes.

CONSENT TO PSYCHOTHERAPY / COUNSELING SERVICES

By signing below, I acknowledge that I have read or had the opportunity to review this consent and understand the general nature, potential benefits, risks, and limitations of psychotherapy. I understand that outcomes cannot be guaranteed; a diagnosis may be made when clinically appropriate or required; confidentiality has legal and ethical limits; and separate telehealth, privacy, financial, AI-documentation, crisis, and Practice policies may also apply.

I understand that Alternative Pride Wellness is not a 24-hour crisis service. I may ask questions, participate in treatment planning, discuss concerns, decline particular interventions, request referrals, and choose to discontinue therapy. I have had the opportunity to ask questions before consenting.

I voluntarily consent to receive psychotherapy / counseling services from Monica Rose, LMSW through Alternative Pride Wellness, LLC.

Client Name: _____

Client Signature: _____

Date: _____

Parent/Guardian/Personal Representative, if applicable:

Name: _____

Signature: _____

Relationship to Client: _____

Date: _____

Practice review note: Before formal adoption, review this practice-specific draft for consistency with current Michigan social-work requirements, malpractice-carrier guidance, payer contracts, privacy and telehealth requirements, and the Practice's actual workflow. Requirements of other jurisdictions should also be evaluated when applicable.