

**Great Northern Counseling**  
**CLIENT RIGHTS, HIPPA NOTICE OF PRACTICE PRIVACY, LIMITATIONS OF**  
**CONFIDENTIALITY, GRIEVANCE POLICY AND CONSENT TO RECEIVE SERVICES**  
**814 South Otsego Avenue, Ste. E**  
**Gaylord, Michigan, 49735-2708**

**As a client of Great Northern Counseling you have the right to:**

- Be treated with dignity and respect
- Not be discriminated against on the basis of gender, race, religious preference, sexual orientation, or handicap
- Be informed of the therapeutic process, including the benefits and risks of treatment and to participate in treatment decisions
- Confidentiality and to be apprised of the limitations of confidentiality in counseling
- Be informed of therapist and supervisor credentials and licenses
- Receive services in a manner that is non-coercive and that protects your right to self-determination
- File a grievance should you have a disagreement or misunderstanding with your therapist

**Great Northern Counseling Grievance Policy:**

- First, discuss disagreements and misunderstandings, between you and your therapist, directly with the therapist
- Should the situation need further assistance you may file a complaint against your therapist with an owner of the practice, either Jeff Katke or Kathy Katke
- Practice owner's will then address client concern in a timely manner and attempt to work out an agreement between the client and therapist with your file documented
- If this does not resolve the problem for the client, the client has a right to, and will be provided with a State of Michigan Citizen's Guide for filing a complaint.

**Limitations of Confidentiality in counseling:** All information shared between the client and Great Northern Counseling is held strictly confidential with the following exceptions:

- Client presents a physical danger to self or others
- Previous or current suspected child abuse/neglect
- Suspected abuse of adults age 18+, who are mentally/physically incapable of protecting themselves
- Suspected abuse of elderly, ages 65+
- Great Northern Counseling is court ordered to release information
- The client authorizes release of information to an outside agency/person

**\*Required signature: HIPPA Notice of Privacy Practices**

I \_\_\_\_\_ have been made aware that Great Northern Counseling has a copy of the HIPPA Notice of Privacy Practices, long and brief version, available for me to review if I wish to view it.

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**Signature of Client/Parent/Guardian/Legal Representative**

**Date**

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**\*Required signature: Client Rights, Limitations of Confidentiality, Grievance Policy**

I \_\_\_\_\_ have read and understand the Client Bill of Rights, the Great Northern Grievance Policy, and the limitations of client confidentiality in counseling statements outlined above. Further, I give my consent to receive services from Great Northern Counseling and agree to the terms and conditions outlined in the New Client Packet I received today. I understand that mental health counseling services/treatment are voluntary and I may refuse to receive these services at any time.

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**Signature of Client/Parent/Guardian/Legal Representative**

**Date**

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**\* Required signature: Great Northern Counseling, Counselor**

Great Northern Counseling services counselor \_\_\_\_\_ verifies that this client has been provided with a client packet on the date this document was signed. Also on this date the client or their parent, guardian, or legal representative was provided informed consent and given an opportunity to ask questions and to discuss their rights when seeking and receiving mental health services; the limitations of confidentiality in counseling; their right to view both the brief and long versions of the HIPPA Notice of Privacy Practices, and; grievance policy for Great Northern Counseling. The therapist believes the client, parent, guardian, or legal representative to be competent and to have the legal authority to sign this document on behalf of self or the client.

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**Signature Counselor, Great Northern Counseling**

**Date**