



**Total Health & Wellness Associates, PLLC**  
*Bringing it all together... Mind, Body & Spirit*

**Mailing Address:** PO Box 3052 • Farmington Hills, MI 48333-3052  
**Phone:** (734) 368-7154 • **Fax:** (248) 477-4442

**Office Locations**

31700 W. 12 Mile Road  
 Suites 100 & 250  
 Farmington Hills, MI 48334

245 Barclay Circle  
 Suite 400  
 Rochester Hills, MI 48307

1025 E. Maple Road  
 Suite B-7A  
 Birmingham, MI 48009

432 N. Saginaw Street  
 Suites 415 & 433  
 Flint, MI 48502

**LEGAL SERVICES/FEES AGREEMENT**

I, \_\_\_\_\_, hereby understand and agree to the following requirement and charges that I may incur if my therapist is involved in a court case or related matter on behalf of myself, my spouse, my children, or my family. I understand that these terms are applicable both while I am receiving services, as well as following termination of services.

**COURT ORDERED COUNSELING**

1. **A signed copy of the court order must be received by Total Health and Wellness Associates, PLLC.** Once the order has been reviewed and it has been determined that Total Health and Wellness Associates, PLLC can offer services which will comply with the order, services will be scheduled.
2. **Release:** For those cases referred by the court system, clients **MUST** sign release of information forms allowing the therapist to **communicate necessary information to the court/legal system representative.**

**FEES FOR COURT-RELATED SERVICES**

1. **Phone Consultations with Attorneys, Mediators, Family Court Therapists, District Attorneys:**  
 \$120 ≤ 30 minutes \_\_\_\_\_ (client's initials)  
 \$240 for 30 min - 1 hour \_\_\_\_\_ (client's initials)
2. **Reports for court, attorneys:**  
 \$120 ≤ 30 minutes \_\_\_\_\_ (client's initials)  
 \$240 30 min - 1 hour \_\_\_\_\_ (client's initials)
3. **Court deposition or court testimony:**  
 \$240/hour for time spent in route and onsite; four (4) hour minimum charge (**Must be paid in advance**). Any out-of-town charges must be reimbursed as above and will include actual out-of-pocket travel expenses, to include mileage and/or transportation costs, tolls, parking fees, meals, and lodging.
4. **Copies of client file** (per Michigan Public Act 47 of 2004/CY2019 Rates), **must be paid at time of service, prior to release of records:**  
 Retrieval Fee: \$25.06  
 Per page, pages 1-20: \$1.25  
 Per page, pages 21-50: \$0.63  
 Per page, pages 51+: \$0.25
5. **Subpoenas:** All subpoenas will be responded to in a legal and ethical manner. Costs may be attributed to the client or other parties as deemed appropriate by the law and following the guidelines outlined in the other sections of this document.

**Patient Name:** \_\_\_\_\_ **Guardian Name:** \_\_\_\_\_

**Patient/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_