

PROFESSIONAL DISCLOSURE STATEMENT

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EDUCATION AND EXPERIENCE

I hold my Master of Arts degree in Professional Counseling, obtained from Central Michigan University in 2011. I also completed my undergraduate education at Central Michigan University, earning a Bachelor of Science degree with a major in Psychology and a minor in Family Life & Human Sexuality. I am fully licensed in the State of Michigan as a Licensed Professional Counselor, I hold all required credentials for clinical supervision of counselors, and I have worked as a mental health provider since 2012. I follow the ethical guidelines of and remain in good standing with the American Counseling Association. I identify my areas of clinical focus in the treatment of depression, anxiety, grief/loss, adjustment, relationships, stress management, crisis management, conflict mediation, and gender and sexuality-related concerns.

THE COUNSELING PROCESS

I believe that people come to counseling because they want something to be different in their lives. They may want to change their personal or family situation, solve a particular problem, or simply bring a healthier balance to their lives. The counseling process can be fun and exciting. It can also, at times, be very challenging, difficult and even painful. Despite this, I believe that the ultimate goal of counseling will always be helping clients to create positive change.

In our initial session, we will work together to assess your current needs and concerns, and we will decide whether or not we can work together to address them. Over the course of treatment, we will evaluate the results of our work together. Together, we will determine the need for additional sessions, closure/termination, and the possibility of any need for outside referrals for other counseling or assistance options. Throughout our work together, I will make every reasonable effort to professionally facilitate the resolution of your needs and concerns. From there, it is the right and responsibility of you as the client to determine what you will and will not use as gained from the counseling process.

RIGHTS AND RESPONSIBILITIES

You have the right to ask me to explain my reasons for making certain recommendations or for using certain procedures. You also have the right to refuse to follow these recommendations, and/or to terminate the counseling process at any time and for any reason. I have the right and

ethical responsibility to terminate counseling and offer a referral to another counselor if you choose not to follow my recommendations. Either of us may request a final session to discuss the reasons for termination, to develop an after-care plan, and/or to decide on an appropriate referral if desired. Please inform me if you begin to or are seeing another counselor or other mental health professional during the course of our work together. This will ensure our ability to provide you with provide consistent and ethical treatment.

You have the right to confidentiality in the counseling relationship as described in the next section. Our work can only be effective with commitment and continuity. If you must cancel a scheduled appointment, please inform me as soon as possible before the scheduled appointment. Sessions cancelled within 24 hours of a given appointment will be subject to a late cancellation fee (see the fees section). You will be responsible for payment for any missed or un-cancelled (no-show) appointments. Exceptions may be made in the cases of personal, family, and medical emergencies. Counseling requires a level of fluid flexibility with regard to scheduling, so please be on time for your scheduled sessions. Your session may or may not start exactly on time, but efforts will be made to ensure that you receive your full session length. For more information on this, please refer to the sessions and length section. Please note that if you are late, the session will still end at the scheduled time and you will be responsible for full payment for the session.

MY RESPONSIBILITIES AS YOUR COUNSLEOR

As a Licensed Professional Counselor, I adhere to the Code of Ethics and Standards of Practice approved by the State of Michigan Board of Counseling and the American Counseling Association. These ethics and standards are intended to protect the welfare of both my clients and the community I serve. A primary provision of these is my responsibility to protect your right to privacy:

I must keep all details of our counseling relationship, including anything you tell me, in strict confidence, unless I have your expressed permission to inform or consult with someone else. I may consult with colleagues for supervision with the understanding that I will not disclose your name or other identifiable personal information. This code of confidentiality has only a few exceptions:

(1) I must disclose information to a third party if I learn of any potential abuse or neglect of a child or elderly person, or if I learn that you pose a threat of danger to yourself or any other person, or if by court order.

(2) If I receive information confirming you have a disease known to be communicable and fatal, I must disclose this to a third party who by her/his relationship with you is at high risk of contracting the disease. Before making the disclosure, I must first determine that you have not already informed the third party, and that you have no intention to do so. In short, I have a "duty to protect" you and others from harm.

(3) I will not disclose any information without first consulting my colleagues or other professionals regarding the validity of these exceptions. Should you request that I reveal information about our

counseling relationship to others, I will ask you to first sign a release of information form specifying exactly what you wish revealed and to whom.

SESSIONS AND LENGTH

I schedule all counseling sessions on the hour and in one hour time blocks. A standard counseling hour will consist of at least a 53-minute counseling session, with the remaining 7 minutes set aside for my completion of any administrative tasks related to your case (i.e. progress notes, scheduling, calls, emails, etc.). Due to the general nature of the counseling process, your session may or may not start at the exact time scheduled. If a session cannot start immediately on time, I will make every effort to accommodate your full 53 minutes of session time. In any case where the actual start time of a session would exceed 15 minutes of the scheduled start time, I will make every reasonable effort to inform you of the delay and make appropriate arrangements to adjust the appointment, up to and including rescheduling for a different day and/or time if needed. If you arrive for your scheduled session and are not immediately greeted, please allow up to 15 minutes of grace time, then knock for assistance.

FEES

I agree to provide counseling services for a cash fee of \$200 USD per session, or at the contracted rate set by your insurance provider. Payment(s) and/or co-payment(s) for each session will be collected at each session and will be processed by Simplicity Billing, LLC of Jerome, MI in conjunction with Peace of Mind Counseling, Consulting, and Supervision LLC of Holt, MI. A sliding scale fee is available upon request and will be based on financial ability. (Please note that insurance providers often require that a statement of diagnosis of a mental health condition be indicated before they will agree to reimburse for counseling services. Any diagnosis made as a part of the counseling process will become part of your permanent insurance records.)

COMPLAINT PROCEDURE

In the event that you would like to file a complaint regarding services, send written complaints to the following location:

Michigan Department of Licensing and Regulatory Affairs
Enforcement Division
Allegations Section
PO Box 30670
Lansing MI 48909
(517) 373-9196