Statement of Informed Consent

By entering into counseling you have certain rights, and other information of which you should be aware. Please review this document carefully, and let me know if you have any questions about its contents.

Credentials

I am a Limited Licensed Professional Counselor –(LLPC). I hold a Bachelor's degree in Alternative Medicine from Everglades University, and a Master's degree in Clinical Mental Health Counseling from Adams State University. My formal education and professional experience have prepared me to counsel individuals, couples, families and groups.

Therapy

Therapy is a place to identify and build on current strengths, learn problem-solving strategies, develop or enhance coping skills, learn more effective ways to communicate with others and receive support and feedback. The counseling relationship is designed to be one that will facilitate change and growth. My belief is that the therapist and the client both have active roles. My goal is to provide a safe and supportive environment conducive to insight, healing and personal growth. Your role will be to identify goals that you would like to achieve during our time together and be willing to examine any potential obstacles and strengths that will either hinder or help you move toward obtaining your desired goals.

Therapy can have benefits and risks and it is important to consider both when making any treatment decisions. Since therapy involves discussing unpleasant aspects of your life, as well as making changes in your thoughts and behaviors, there is a risk that you may experience temporary uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. It can feel like it gets worse before it gets better. Commit to yourself to not give up, you are worth it!! Counseling has also been shown to have many benefits including improved relationships, a healthy sense of self-worth and significant reduction in feelings of distress and resolutions of specific problems. I am unable to make any guarantees about how the therapy process will be for you, specifically.

Minor clients

If you are the parent or guardian and are requesting services for your child/adolescent under the age of 18, I will need your permission to provide counseling services to him/her. Keep in mind while you have the right to question and understand the nature of your child/adolescent's sessions, treatment is usually more effective if your child/adolescent has some privacy. It is therapeutically important that your child/adolescent develops a level of trust with me so if you agree, I will only provide you with a general overview of each session along with your child's level of participation and progress. However, there are limits to confidentiality (listed under "Confidentiality").

Confidentiality (limits of confidentiality)

All information discussed in sessions will be completely confidential, unless specified in writing on the Consent for the Release of Information form. There are three (3) other conditions under which Federal Law requires counselors to breech confidentiality. These are:

1. Situations involving child or elder abuse
2. Situations involving abuse or exploitation of the disabled
3. Situations in which a person's life is in immediate danger

Release of Information

If information needs to be released it will only be done so per state law and with a written consent from the client indicating an informed consent of such release. In the case of marital therapy, the client is the couple, not individuals; therefore, all records can only be released when both parties consent in writing or if mandated by the court.

Electronic Communication

Although electronic communication (email/text) has become a major means of communication between individuals, it significant limitations. Please note the following guidelines for use of electronic communication as a form of communication with your therapist.

- Your therapist cannot provide personal counseling through solely through e-mail, but your therapist may offer limited support via email. Please be aware that email communication is not a substitute for interpersonal therapy.
- Your therapist cannot guarantee that your e-mail will remain confidential. Although your therapist may keep your e-mail message private, your therapist cannot ensure administrators of the system and experienced computer users may be able to access e-mail, so confidentiality cannot be ensured.
- Although e-mail may seem like a fast way to contact someone, your therapist may not have the ability to check e-mail as frequently and as consistently. Absence from the office, a busy schedule, unexpected illness, or difficulty getting online may mean that several days go by before a message is received. Please call your therapist on their designated phone line to ensure communication.

Professional Records

Upon request, you may review your counseling records. You will be asked to arrange an appointment with your therapist to review the information. You reserve to right to request the therapist to make corrections or additions to your records. You may be charged a full or partial session fee for administrative costs/time related to getting copies of your records. Counseling records are maintained for 10 years after you last contact with your therapist.

Fees

Individual therapy sessions are $80.00 per 50 minute session. Couples/Family sessions are $120.00 for a 50-minute session. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I am an out- of- network provider, therefore the

client is responsible for payment at the time of service, and may then submit bills to his or her insurance provider for reimbursement. I will provide you with whatever assistance I can in helping you receive the benefits to which you are entitled. A sliding scale is also available for certain situations.

I charge an additional fee for the following professional services:

- Report or letter writing to teachers, physicians, psychiatrists, etc.
- Extended sessions
- Attendance at meetings or phone consultations with other professionals (that you have authorized)
- Preparation of records or treatment summaries

Cancellation Policy

A 24 hour notice is required for cancellations to avoid being charged a fee of $ 25.00 for missed sessions. Should I need to cancel your sessions for any reason, you will not be charged. If already paid for a session cancelled by me, you will be immediately refunded that session fee, or that fee may be applied to the next session.

Emergencies

My confidential voicemail (231-844-9045) is always available for leaving messages when I am in session or out of the office. If an emergency arises when I am not available to speak with you, please call Crisis Intervention(888-611-3284), which provides 24-hour crisis intervention services. The emergency room of the closest hospital is also another resource in time of crisis, or dialing 911.

Right to terminate therapy

While I strive to partner with all my clients to live happy, productive lives, I do understand that there may be circumstances when one may need to terminate therapy. In most circumstances, we will be able to determine together when therapy is complete, and thus plan a smooth transition.

You have the right to request referrals to other Mental Health professionals at any time. I am obligated to provide these referrals when:
1. Either you or I determine, either individually or collaboratively, that my services are not meeting your needs for any reason
2. When your needs are outside of my training level
3. When you request them for any reason

Reporting Ethical Concerns

Should you need to report any Licensed Professional Counselor to their licensing board for ethical violations, please contact:

Licensing Division
(For Health Professional and Occupational Licenses)
PO Box 30670
Lansing, MI 48909-8170
517-373-8068

I encourage you to ask any questions you may have concerning the above policies, either now or as they occur.

_____I acknowledge that I have read and understand all of the foregoing statements and that my signature below indicates that I agree to abide by all of the above conditions.

_____I authorize the release of any medical information necessary to process my insurance claims.

_____ _____
Client Signature Date