

Tarah Hipple-Thomas, LICSW, LMSW, CCTP-II
Soar Trauma Therapy, LLC 5110 28th Street #1079, Grand Rapids, MI 49512
(616)200-7973
tarah@soartraumatherapy.com



Professional Disclosure for Trauma Assessments

Welcome!

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me.

Description of Assessment Process

This service is a trauma-informed, self-pay assessment offered as a consultative service. It is designed to provide clinical insight into your experiences, symptoms, and patterns, and to support informed decision-making regarding next steps. As a self-pay consultative assessment, it is not intended for insurance purposes. Although it may inform future care, it does not include treatment planning or the provision of ongoing therapeutic services.

The assessment is conducted as a structured, intake-style interview focused on understanding history, current concerns, and symptom patterns, including trauma-related and dissociative experiences. Sessions may last up to 90 minutes.

Based on information gathered, I will provide clinical impressions and diagnostic considerations, and may assign formal diagnoses when clinically indicated. A written summary will be provided reflecting clinical impressions, themes, and any diagnostic determinations made during the evaluation.

Please note: A valid payment method must be kept on file in order to proceed with scheduling and completion of the evaluation.

If electing to move forward to transition to therapeutic services, ongoing therapy services can be discussed and established separately.

Education, Experience, Licensing

- Michigan Licensed Master Social Worker Clinical #6801115776
- Washington Licensed Independent Clinical Social Work #LW61381882
- Nevada Licensed Clinical Social Worker #12265-C
- Tennessee Licensed Clinical Social Worker #9369
- South Carolina Licensed Independent Social Worker CP #18392
- Eye Movement Desensitization and Reprocessing, 2023
- Deep Brain Reorienting, 2022
- Certified Clinical Trauma Professional, 2021
- Certified Clinical Trauma Professional Level 2, 2026
- M.A. in Social Work, Capella University, With Distinction 2017-2019
- B.A. in Social Work, Eastern Michigan University, Magna Cum Laude, 2015-2017
- Social Work Intern 2018-2019
- Social Work Intern 2016-2017

Contacting Me

Please feel free to contact me via text, email, or phone using the contact information at the top of this form. Please note that I may only answer during my work hours of Tuesday-Friday 10:00am-5:00pm EST.

Rates and Appointments

1. Trauma Assessment Private Pay Rate, including a written summary: \$500. Any following sessions will be charged my hourly rate of \$175.

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2. Cancellations: If you need to cancel a session, please give me at least 24 hours notice. If you do not show for an appointment, are more than 10 minutes late, or cancel less than 24 hours in advance, you will be charged the a rate of \$175.
3. If therapy services are elected, a separate disclosure that includes insurance and rates will be provided.

Legal / Court-Related Services

If I am required to participate in legal proceedings (e.g., subpoena, court appearance, deposition), time spent in preparation, travel, waiting, and testimony will be billed at a separate court-related rate.

Current rates are as follows:

- Testimony: \$500/hour
- Preparation: \$400/hour

A minimum of 4 hours may apply.

Confidentiality

Everything a client shares during therapy, both verbal and written, will not be shared without written consent from the client. However, there are several limits to confidentiality that you should be aware of:

Exceptions to Confidentiality

1. Duty to Warn: It is the responsibility of the therapist to warn others if an individual intends to take harmful action against themselves or others.
2. Child or Elder Abuse: A therapist is mandated to report any incidence or suspected incidence of child or elder abuse.
3. Court Orders: A therapist must release records and disclose information when a court order is placed. However, I will do what I can to support and protect my client during this process.
4. Minors: Parents or legal guardians have a right to access a minor's health information. At the beginning of therapy, the therapist, parent, and client will discuss and determine what information will remain confidential and what information will be disclosed.
5. Couple and Family Counseling: Couple and family counseling can include counseling members individually as well as in a group. At the beginning of counseling all family members will discuss the limits to confidentiality as well as the counselor's role and duty to each family member.
6. Group Counseling: Members of a therapy group are not licensed counselors and do not work under the same confidentiality laws that a licensed counselor does. Therefore, you cannot be certain that what you share in a group setting will remain confidential.
7. Statistical Purposes: Gender, ethnicity, age, and class status may be shared for statistical purposes only.
8. Release of Information: A client may provide written consent to release information in which case I will disclose specified information to the appropriate person or group.
9. Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.
10. If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly and say hello.

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11. In the event of incapacity or death, I have an agreement with my biller Dana Timmer and colleagues Leta Maile, LICSW and Rebecca Williams, LICSW to access my client files in order to make appropriate notification and referrals in case I am temporarily or permanently incapacitated. If you do not consent to Dana Timmer, Leta Maile, and Rebecca Williams accessing your file in case of my incapacity, please let me know so that I may make alternative arrangements.

Emergencies

In the case of a mental health emergency, please call your local hospital or 911 or go to the nearest emergency room. Other options available for emotional support include:

- Crisis Line: text HOME to 741741
- National Suicide Prevention and Crisis Lifeline: dial or text 988
- Veterans Crisis Line: dial 988, then press 1, or text 838255
- National Domestic Violent Hotline: 1(800)799-7233

Licensing Information

If at any time you have concerns about the counseling relationship or process, please bring them to my attention. If, however, you do not feel your concerns are being addressed, the following addresses can be used for licensing concerns or complaints.

For Michigan

LMSW #6801115776

Michigan Department of Licensing and Regulatory Affairs

Bureau of Professional Licensing

Investigations and Inspections Division

P.O. Box 30670

Lansing, MI 48909

(517)241-0205

For Washington

#LW61381882

Division of Professional Licensing

P.O. Box 9649

Olympia, WA 98406

(360)586-4561

For Tennessee

#9369

Board of Social Workers

665 Mainstream Dr.

Nashville, TN 37243

615-741-5735

For Nevada

#12265-C

Board of Examiners for Social Workers

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4600 Kietzke Ln O264
Reno, NV 89502
(775) 688-2555

For South Carolina

#18392

South Carolina Board of Social Work Examiners

110 Centerview Dr.

Columbia, SC 29210

(803)896-4664

Client Acknowledgement and Agreement

- I have read and understand the information above.
- I have asked questions if I have them and have had my questions answered.
- I voluntarily consent to the trauma assessment process.
- I agree to pay the fee for each service rendered.

**For Michigan:* A minor age 14 or older may request and receive up to 12 outpatient sessions or four months of outpatient counseling.

**For Washington:* A minor age 13 or older may receive mental health treatment without parental consent.

**For Tennessee:* A minor age 16 or older may receive mental health treatment without parental consent

**For Nevada:* Informed consent from all legal guardians before a child under 18 receives mental health services

**For South Carolina:* A minor age 16 or older may receive mental health treatment without parental consent