



Professional Disclosure

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. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

Description of Evaluation Process

I will provide you a safe and welcoming space to discuss your military service and experiences. We will review your symptoms, where I will be given examples of how your quality of life may have continued to be affected. After reviewing results, I will provide a diagnosis that will be documented and shared with you so you can make a decision on a course of treatment if you so decide.

*Please note: I must have an accurate card on file in order to continue with the evaluation

If you decide to continue with treatment, the therapeutic process is described below.

Description of Therapeutic Process

I will approach you uniquely, drawing upon different theories and evidence-based practices where I have received education and training. The treatment models I use include, but are not limited to: Internal Family Systems, Eye Movement Desensitization and Reprocessing, and Cognitive Behavioral Therapy. By using these models, I focus on how distressing memories are held in the body, which then manifest as symptoms associated with trauma, anxiety, and depression. Using multiple tools, including mindfulness and somatic resourcing, I will work with you in developing coping skills and increasing self-awareness so you can find your inner strength and continue to grow.

I am trained in a therapy technique called EMDR (Eye Movement Desensitization and Reprocessing) to process trauma that has been held in the body and can incorporate this into treatment if you so choose.

Education, Experience, Licensing

- Michigan Master Social Worker License #6801115776
- Washington Licensed Independent Clinical Social Work License #LW61381882
- Eye Movement Desensitization and Reprocessing, 2023
- Deep Brain Reorienting, 2022
- Certified Clinical Trauma Professional, 2021
- 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 email, text, 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 or 7:00am-2:00pm PST.

Rates and Appointments

1. Evaluation Private Pay Rate, including a professional diagnostic letter: \$300. Any following sessions will be charged my hourly rate of \$160.
2. Insurance Payment Rate: I currently accept BlueCrossBlueShield, Blue Care Network, and Aetna. Your fee will be adjusted based on your plan's coverage and co-pay.
 - Other Rates: Phone calls with clients, family members, other professionals, or note compilation that exceed 10 minutes will be charged at a rate of \$160 per hour or \$40 every 15 minutes. Insurance does not cover these fees.
3. Therapy Private Pay Rate: \$160
 - Reduced Rate: If we have discussed a reduced rate, you will be getting a separate document with the agreed upon rate.
4. Clients who are paying out of pocket can request a statement allowing them to file for possible insurance reimbursement on their own.
5. 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 15 minutes late, or cancel less than 24 hours in advance, you will be charged the full session rate of \$160.
6. Court Fees: If I am required to attend court, my court fee is \$200 per hour plus expenses such as mileage.

Termination

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

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.**

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:

- National Suicide Prevention Hotline: 1(800)784-2433
- National Suicide Prevention Lifeline: 1(800)273-8255, 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