**Julie Carbajal, MA, LPC, LLP, NCC, CAADC**

Licensed Professional Counselor

Limited License Psychologist

National Certified Counselor

Certified Advanced Alcohol and Drug Counselor

**PROFESSIONAL DISCLOSURE STATEMENT**

***Qualifications:*** I have a Master of Arts Degree in Counseling Psychology from Western Michigan University. I have a Licensed Professional Counselor (LPC) license and a Limited License Psychology (LLP) license. Additionally, I have an NCC (National Certified Counselor) credential as a CAADC (Certified Advanced Alcohol and Drug Counselor) credential that uniquely qualifies me to work with individuals with substance use disorders. I have also received specialized training in prolonged exposure (PE) therapy at the University of Pennsylvania Center for Treatment and Study of Anxiety and specialized training in ERP (exposure and response prevention) from the International OCD Foundation’s BTTI Training Institute. My experience includes, but is not limited to, working with individuals with the following issues: anxiety disorders and trauma disorders including PTSD; schizophrenia and other severe or chronic mental illnesses; substance use disorders; stress management, grief/loss, and relationship issues. I have worked with adults of all ages as well as adolescents, with a focus on the LGBTQ population.

***Emergencies:***I am available to you during our sessions, and if you need to contact me between sessions, the best way to contact me is via email at juliecarbajal@kalamazooact.com. I may also be available at the office at 269-366-9545 Wednesday through Friday from 9am until 5pm. The If you experience a mental health emergency, these are some options:

* Proceed to your nearest emergency room and request a mental health evaluation
* Call Gryphon Place at 269-381-HELP (4357)
* Contact Mobile Crisis Response (MCR) at 269-373-6000 for child and adolescent services
* Call 911

***Nature of Therapy:***My therapeutic approach is aimed at meeting each client's individual goals. I primarily use ACT (acceptance and commitment therapy); I occasionally use other approaches as well. ACT is a very active form of therapy; it’s not just talking about your problems and feelings. In using ACT, my aim is to work together with you to help you be the sort of person you want to be and build the sort of life you want to live. Part of this approach involves learning skills to handle difficult thoughts and feelings more effectively, and I’ll ask you to practice these skills between sessions as we go along. ACT also involves clarifying your values: finding out what matters to you and what you want to stand for in life. Ultimately, it involves taking committed action to solve your problems, face your challenges, and do things that make life better.

For anxiety and trauma disorders I use exposure therapy (prolonged exposure for trauma, exposure with response/ritual prevention for OCD, etc.). For those clients, part of treatment includes going into great detail about the rationale for therapy, why it is done, and how it works.

***INFORMED CONSENT***

***Therapeutic Relationship:***Our therapy relationship will consist of meeting together at times determined and unique to each client. Although our therapy sessions may be very intimate in nature based on the topics that we discuss during our time together, our relationship is a professional relationship and not social in nature. I do not communicate with my clients using any social media or text. In order to serve you best, our sessions will concentrate on your concerns.

***Effects of Therapy:*** At any time, you may initiate discussion of possible positive or negative effects of entering, not entering, or not continuing therapy. While you may expect some benefits from therapy, specific results are not guaranteed. Therapy is a personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. Some of these life changes could be temporarily distressing. The exact nature of these changes cannot be predicted. Together we will work to achieve the best possible results for you.

***Client Rights:***Some clients need only a few sessions of therapy to achieve their goals, and others may require much longer. As a client, you are in complete control and may terminate therapy at any time, though I do prefer that you participate in a final termination session. I strive to always conduct myself and my sessions in a professional manner consistent with accepted ethical standards of the American Psychological Association. I deeply appreciate clients addressing concerns with our therapeutic relationship, with the process of therapy, or any other concerns important to them in session with me. If I am not able to resolve your concerns, you may report your complaints to the Michigan Department of Community Health (MDCH) and the Michigan Board of Psychology. In the event that a client would like to file a complaint regarding my counseling services, a written complaint should be sent to the following location:

Michigan Department of Licensing and Regulatory Affairs

Bureau of Professional Licensing

Investigations & Inspections Division

P.O. Box 30670

Lansing, MI 48909

(517) 241-0205

***Referrals:***Should you and/or I believe that a referral is needed, I will do my best to provide some alternatives including programs and people who may be able to assist you. Verbal explorations of alternatives to therapy or other therapeutic options are also available upon request. You will be responsible for contacting and evaluating those referrals.

***Fees:***I typically allow between 45 – 55 minutes for each session (60 for exposure therapy). I agree to provide services at the rates listed below.

Initial session: $240

Individual Therapy 45-50 minutes $190

Individual Therapy 55-60 minutes: $220

Group Therapy: $85

No call / no show: $75

Cancellation with less than 24 hours’ notice: $75

Letter writing: $25

FMLA Paperwork: $75

***Cancellation:***In the event that you will not be able to keep an appointment, please notify my office **at least 24 hours in advance**, so that someone else may utilize this time and to avoid a late cancellation fee of $75. Likewise, if you intend to discontinue therapy, please inform me as soon as possible so that I may begin seeing other clients.

***Records and Confidentiality:***All of our communication becomes part of the clinical record. Records are the property of my office. Adult client records are disposed of seven years after the file is closed. Minor client records are disposed of seven years after the client’s 18th birthday. Most of our communication is confidential, but the following limitations do exist: (1) your case records are used for purposes of supervision, professional development, and research. In such cases, to preserve confidentiality, I will identify you by first name only or by a pseudonym; (2) I determine that you are a danger to yourself or someone else; (3) you disclose abuse, neglect or exploitation of a child, elderly or disabled person; (4) you disclose sexual contact with another health professional; (5) I am ordered by court to disclose information; (6) you direct me to release your records; (7) I am otherwise required by law to disclose information. If I see you in public, I will protect your confidentiality by acknowledging you only if you approach me first.

By your signature below, you are indicating that you have read and understood this statement, agree that you are responsible for payment including all fees not covered by insurance, that your participation in therapy is voluntary, and that any questions you have had about this statement have been answered to your satisfaction.

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Client’s Signature Date

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Guardian’s Signature (if applicable) Date

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Julie Carbajal, MA, LPC, LLP, NCC, CAADC Date