

# Professional Disclosure Statement

## Akoben Counseling & Consulting LLC

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### DESCRIPTION OF PRACTICE:

Akoben Counseling & Consulting LLC provides assessments, individual, family, and group counseling services to children, adults and families with substance use and mental health concerns. The primary theoretical orientation is family systems therapy.

### EDUCATION & EXPERIENCE:

Educational experience includes a Bachelor of Science in Community Development from Central Michigan University, a Master of Public Administration from University of Michigan-Flint, and a Master of Arts in Counseling (Community) from Central Michigan University.

Experience includes: Experience working with individuals for a variety of issues including, substance abuse, mental health, transitional issues, domestic violence, trauma, grief and loss, behavioral outburst, and anger management. Counseling experience includes performing assessments, intakes, individual, family and group counseling.

### FEE:

Fees range between \$100-180 depending on the services rendered. A sliding scale will also be offered based on the client's ability to pay.

### FILING A COMPLAINT:

If you would like to file a complaint regarding your counseling services, please contact: Michigan Department of Licensing and Regulatory Affairs  
Bureau of Professional Licensing  
Investigation & Inspections Division  
PO BOX 30670  
Lansing, MI 48909  
517-241-0205

Akoben Counseling & Consulting LLC does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Client's name \_\_\_\_\_

Please complete this form and return via email to [info@akobencounseling.com](mailto:info@akobencounseling.com) prior to your scheduled appointment.