

Professional Disclosure Statement
Licensed Professional Counselor

Carrie L. Bucholtz, MA, LPC

License # 6401016357

318 S. Bridge St. STE A

Belding, MI 48809

(231) 425-8768

National Acupuncture Detoxification Association Certification #12196

Approach to Counseling

Professional Counseling involves the creation of a trusting environment for the safe sharing of emotional understanding, thoughts, ideas and feelings with a professional who is skilled at helping the client or clients come to an understanding and resolution or solution about the particular situation. Counseling is intended to be collaborative, and is a relatively short-term, interpersonal, theory-based professional activity which is guided by ethical and legal standard. The focus is on helping clients develop goals and work toward the resolution of developmental issues, situational problems, and more complex personal diagnosis. To assist in this process, I may utilize a variety of techniques and interventions including Psychoeducation, Motivational Interviewing, Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy, Solution-Focused Brief Therapy (SFBT), and/or AcuDetox (Acupuncture Detoxification the NADA 5-point protocol).

The general goals for the client are that he or she can identify their issues, develop a plan of action for solution, and gain motivation for resolution of/ implementation of their plan. This is a very personal process. The process of counseling is educational and developmental by nature. The counselor is the facilitator of the process that helps the client take responsibility and action to come to a resolution.

Education and Experience

As a Licensed Professional Counselor, I have completed the requirements for a Master of Arts in Counseling from Siena Heights University. I am trained to implement therapeutic techniques and interventions with both children and adults within individual and group settings. I have worked with childhood/adult trauma, with co-occurring substance use disorders, and with behavioral modification. I have knowledge and sensitivity for working with clients in group settings and those within the corrections populations. I am a certified in AcuDetox (Auricular Acupuncture). I am trained to provide multicultural counseling services, substance abuse intervention, Motivational Interviewing techniques, psychoeducational group services, Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Solution Focused Brief Therapy (SFBT), and Dialectical Behavioral Therapy (DBT) interventions.

Additionally, I have a Bachelor of Science in Radiologic Technology. I remain a Registered Radiologic Technologist and have worked in healthcare for over 12 years. I taught Radiologic Technology at Lansing Community College for 2 years.

Confidentiality

All information discussed during counseling will be held in strict confidence, unless the client provides written permission for its disclosure. However, there are some limitations to counseling confidentiality, in which case information may be released without the client's explicit consent. These limitations include the following:

1. In the event of a medical emergency, information deemed necessary for treatment ***may*** be released.
2. In the event of a threat of harm to oneself or to someone else. If this threat is perceived to be serious, the proper individual ***must*** be contacted. This may include the individual to whom the threat is made.
3. In the event of suspected neglect or abuse of a child, dependent or vulnerable adult, or elderly adult, the proper authorities ***must*** be contacted. The neglect or abuse does not have to be witnessed or verified by the counselor.
4. If ordered by a judge, information regarding your treatment ***must*** be disclosed.
5. In the event of a client's death or disability, information will be released as authorized by the client's personal representative or beneficiary.

6. If a client registers a complaint with the Michigan Department of Licensing and Regulatory Affairs, information will be released as requested by the State of Michigan to resolve this issue.
7. A counselor is not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act.

Counseling Schedule and Fees

Individual client sessions last approximately 50-60 minutes in length. Sessions are generally on a weekly or bi-weekly basis, depending on the participant’s needs.

Individual counseling sessions are billed at a rate of **\$150 per session**. The **initial intake** session is **\$190**. A schedule of fees for additional services is available upon request. Provisions can be made for insurance billing, as well as sliding-scale fees, or payment plans for those in financial need.

Cancellation Policy

As a scheduled client, your appointment has been reserved exclusively for you. If you find it necessary to cancel your appointment, please do so **at least 24 hours** in advance. Missed sessions without proper cancellation may be subject to a **fee of \$40.00**, which is due prior to the next session. As a client, you are expected to maintain your scheduled appointment time and to notify the Counselor in the event that you wish to terminate the counseling relationship.

Please notify the Counselor if you plan a late arrival. Any arrival **20 minutes later than the scheduled appointment time will need to be rescheduled**. More than 2 missed appointment sessions will result in the removal from the Counselor’s care. A client who has been previously removed from care, may be reinstated based on the Counselor’s case assessment and evaluation. The client will notify the Counselor if they are receiving services from another mental health professional.

Additional Information

The State of Michigan requires Licensed Professional Counselors to adhere to a specific code of conduct that is determined by the Board of Counseling. Should you wish to file a complaint, you may do so through:

*Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing Investigations & Inspections Division
P.O. Box 30670
Lansing, MI 48909
(517) 241-0205*

Signatures:

I have read the above disclosure information and have no additional questions. I agree to the conditions described above.

Client: _____ Date: _____

Client: _____
(Print)

Client: _____ Date: _____

Client: _____
(Print)

Counselor: _____ Date: _____

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