Professional Disclosure Statement

Deborah Nolan, MA, LMSW, LCSW
Higher Heights Counseling Services, LLC
33117 Hamilton Ct., Ste 200
Farmington Hills, MI 48334

Welcome to **Higher Heights Counseling Services, LLC**. This document contains important information about my professional services and business policies. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Qualifications

I received my Master of Social Work from Wayne State University in May 2015 with a concentration of Clinical Social Work. I received my Bachelor of Social Work in 2014. My coursework and practical experience have equipped me with the knowledge, skills to work with individuals and groups. Throughout our sessions, I will utilize various counseling techniques, such as Cognitive Behavior Therapy (CBT), Person Centered psychotherapy and Mindfulness as primary techniques during my sessions. CBT focuses on how your way of thinking impacts your behavior, while mindfulness brings your attention to your current experiences without judgement. Lastly, Person Centered Therapy is an empathetic approach that empowers and motivates you, the client, throughout the therapeutic process. As Spiritual, I do utilize faith-based principles upon expressed desires from my clients to incorporate that approach in session. I have worked with youth, and adults in various settings holistic therapeutic setting. Throughout my training and both professional and personal experiences, I have acquired skills to assist you in your therapeutic needs.

Description of Practice

The counseling experience involves the client(s) sharing their personal life experiences, emotions, difficulties and concerns with a trained professional in a safe, comfortable and non-judgmental environment. The counselor will actively listen, ask questions, reflect feelings, rephrase, and use silence to understand the needs of the client.

Counseling is a collaborative treatment process. During our sessions, it is important that you are engaged and actively participate so that your counseling experience is successful and comfortable. The counselor does not have the answer to the clients' "problems", instead we are just the guide to assist you in your journey. Together the client and counselor will work together to identify the root cause of what you are experiencing and develop a plan of action that is specific for you. Homework assignments (practicing coping skills, journaling, worksheets) may be assigned to assist in the counseling process. These assignments are not mandatory however, they play a major role in implementing the work being done inside the counseling session to your everyday life.

Counseling is a prescription, not to be taken forever. As the counseling process continues, the client gains the ability to adjust to life's adversities. The client will learn how to cope with life's challenges using their newly established and healthy coping skills. Establishing these healthy coping skills allows the client to face future hardships with a new sense of empowerment.

Initial _____ _____

Risks/Benefits of Counseling

Counseling is an intensely personal process which can bring unpleasant memories or emotions to the surface. There are no guarantees that counseling will work for you. Clients can sometimes make improvements only to go backwards after a time. Progress may happen slowly. Counseling requires a very active effort on your part. In order to be most successful, you will have to work on what we discuss outside of thesessions.

However, there are many benefits to counseling. Counseling can help you develop coping skills, make behavioral changes, reduce symptoms of mental health disorders, improve the quality of your life, learn to manage anger, learn to live in the present and many other advantages.

Professional Fee Scale

A 30 min. Consultation is $50.00. The Intake Assessment will be approximately 75mins. - 1.5hour, and is an additional $25.00 to the normal per session rate. Each session thereafter will last between 45 - 60 minutes and will be billed at a rate of $225.00 per visit for Individual, $285.00 - per visit for Couples and Families up to '3' persons. Each additional family member is $25.00 per person. Group therapy is billed at a rate of $75.00 per participant with a 60 – 90-minute session. A reduced fee rate is provided for cash clients and a sliding scale rate (based on income) is available for clients who qualify and can be discussed.

You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by check, cash, or credit card. Credit card payments will be assessed the banks processing fee avg. of 3.75%. Any checks returned to my office are subject to an additional fee of up to $35.00 to cover incurred bank fee. If the debt goes unpaid, I reserve the right to use an attorney or collection agency to secure payment.

Appointments and Cancellation Policy

Appointments will ordinarily be 45-75 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours' notice. If you miss a session without canceling, or cancel with less than 24-hour notice, you may be required to pay a $50.00 fee for the session unless we both agree that you were unable to attend due to circumstances beyond your control. It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for the cancelation fee. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

First time sessions for minors requires a parent or guardian to be present. This first session is to understand the concerns of the parents and for the parents to meet the counselor and ask any questions they may have. After the counselor has an understanding of the parents' concern(s) and answered any question, the parent will be asked to leave the session to provide time with only the child and counselor. Parents will be asked to meet or sit in a session for updates on the child's progress, more often for younger clients. If the parent would like to meet without the child present, this can be an option as well.

Insurance

Services may be covered in full or in part by your health insurance or employee benefit plan. Please check your coverage carefully.

Initial _____ _____

Confidentiality

Your counselor will make every effort to keep your personal information private. If you wish to have information released, you will be required to sign a consent form before such information will be released. There are some limitations to confidentiality to which you need to be aware. Your counselor may consult with other professional counselors in order to give you the best service. In the event that your counselor consults with another counselor, no identifying information such as your name would be released. Counselors are required by law to release information when the client poses a risk to themselves or others and in cases of abuse to children or the elderly. If your counselor receives a court order or subpoena, she may be required to release some information. In such a case, your counselor will consult with other professionals and limit the release to only what is necessary by law.

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.

Other Rights

You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not pursue or have social or physical relationships with clients or with former clients. If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. If at any point during our sessions you have questions or are unhappy with the treatment, please let me know. It is important that you feel comfortable and confident with me so that you can have a successful counseling experience. If you are still uncomfortable or are having doubts, I will be more than happy to refer you to another counselor or counseling agency.

Record Keeping

Your counselor may keep records of your counseling sessions and a treatment plan which includes goals for your counseling.

Initial _____ _____

These records are kept to track your treatment progress and continuity in service. These records will not be shared except with respect to the limits to confidentiality discussed in the Confidentiality section. Should the client wish to have their records released, they are required to sign a release of information which specifies what information is to be released and to whom. Records will be kept for at least 7 years but may be kept for longer. Records will be kept either electronically on a USB flash drive or in a paper file and stored in a locked cabinet in the counselor's office.

Code of Conduct

As a Professional Counselor in the State of Michigan, I am subject to the ACA Code of Ethics and Michigan State Counselor Laws. If at any time, you feel my behavior or my counseling approach is inappropriate or troubling to you, please let me know. If, however, you do not feel your concerns are being addressed appropriately, feel free to contact the following:

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

Contacting Me

If at any time you have any questions or concerns, please feel free to contact me via correspondence at, 31177 Hamilton Ct., Ste 200, Farmington Hills, MI 48334, or via phone at, (248) 802-9750. Please keep in mind that I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If you feel you cannot wait for a return call or it is an emergency situation, go to your local hospital or call 911.

Emergencies:

Emergencies arise in all people's lives. You are welcome to call me on (248) 808-9750 if you need an emergency appointment. In case of a dire emergency (suicide attempts, anxiety attacks, etc.) please call your local hospital or 911.

Client responsibilities:

You are expected to keep your appointments, notify me if you wish to terminate the counseling relationship, or if you are seeing another mental health professional.

Initial _____ _____

SIGNATURES:

I have read and understand the Declaration of Practices and Procedures.

Client:_____ Date: _____

Client:_____ Date: _____

Therapist:_____ Date:_____

Deborah Nolan, MA, LCSW
Higher Heights Counseling Services, LLC