



Professional Disclosure Statement

Dr. Taneaia Giles, Ed.D., M.A., LLPC

Higher Heights Counseling Services
33117 Hamilton Ct., Ste 200
Farmington Hills, Michigan 48334

Welcome to **Higher Heights Counseling Services, LLC**. This document contains important information about Higher Heights C/S 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 you and Higher Heights Counseling Services, LLC. We can discuss any questions you have when you sign them or at any time in the future.

Qualifications

I received a MA in Counseling from Ashland Theological Seminary. I also obtained a Doctorate in Education from Creighton University along with MA in Education Administration from the University of Detroit Mercy. I have dedicated over twenty years mentoring and guiding youth towards success within the educational sector. As a therapist, it is my goal to help people reach their greatest potential and to better manage life's circumstances via awareness, exposure and intentional action. We can reach this goal through honest dialogue and interaction as we explore the possibilities, unused resources and undeveloped opportunities that are present in most situations. I believe that if we both commit to the process there is no limit to what we can accomplish through this particular therapeutic venue. I recognize the uniqueness and potential in everyone. I believe that people are precious and purposeful and sometimes are in need of assistance to help them better manage their problem situations. It is with such considerations that I approach this opportunity with care and concern, understanding that there is great potential in our time together.

My objective is to help you come to a new understanding and awareness by utilizing a variety of counseling theories and techniques. I believe the benefits of counseling that you may experience will be the ability to identify and address the issues that are possibly hindering you from handling circumstances well. Also, I believe you will benefit by coming to an understanding of your behavior and how you can better manage problem situations by reevaluating, reeducating and redirecting your life

Description of Practice

Counseling involves the sharing of personal problems, concerns, and stories with a professional who is skilled at helping the client(s) come to a resolution or solution about one or more particular situations. My understanding of counseling comes from many different theoretical orientations. I believe that the client or clients have the solutions to their dilemmas within themselves. We have the freedom to choose what directions our life takes and the responsibility to take control of that freedom. Therefore, the counselor does not have the "answers" to the client's "problem" but is a facilitator of the process that helps the client take responsibility and action to come to a feasible resolution. The general goals for the client are that he or she can identify the issues, develop a plan of action, and then implement that plan. This is a very personal process; it is educational and developmental by nature.

Initials _____



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"Equipping Individuals, Couples, and Families... Soar to Unlimited Possibilities"

Taneaia Giles

License # 6401013775

The first 2-3 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

Risks/Benefits of Counseling

Counseling is an intensely personal process which can bring unpleasant memories or emotions to the surface. Some risk that you may encounter may include but are not limited to: revisiting painful places from your past, confronting personal issues about yourself and accepting challenges to make some personal changes. 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 things we discuss outside of sessions. 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. 2.75 – 3.00%. Any checks returned to my office are subject to an additional fee of up to \$35.00 to cover the 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 charged 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.

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Insurance

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

Confidentiality

Your counselor will make every effort to keep your personal information private. 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 cases your counselor will consult with other professionals and limit the release to only what is necessary by law.

Other Rights

If you are unhappy with what is happening in therapy, I hope you talk with me or Catherine Miree so that we can respond to your concerns. You may request that we refer you to another therapist and are free to end therapy at any time. 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.

Record Keeping

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

Code of Conduct

As a Professional Counselor in the State of Michigan, I am subject to the ACA & AACC 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:

IN CASE OF ADDITIONAL QUESTIONS ABOUT YOUR RIGHTS, CONTACT:

Michigan Department of Licensing and Regulatory Affairs

Bureau of Professional Licensing Investigations & Inspections Division P.O. Box 30670 Lansing, MI 48909

(517) 241-0205

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Contacting Me

If at any time you have any questions or concerns, please feel free to contact me via correspondence at, 33117 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

You are welcome to call (248) 802-9750 if you need an emergency appointment. In case of dire emergency (suicide attempts, anxiety attacks, etc.) please call your local hospital or 911.

Client Responsibilities

You are expected to keep your appointments and notify Higher Heights in case you wish to terminate the counseling relationship. Also, please notify Higher Heights if you are seeing another mental health professional.

Supervision:

As a Counselor, I am under the supervision of Catherine Miree, MA, LPC, #6401014516. Should you have any questions or concerns, please feel free to contact her at 248 802-9750. Also, my supervisor may at times sit-in on our sessions or contact you via email to ensure that we are providing you with the level of care needed to assist you in reaching your goals.

Informed Consent:

I have read and agreed to the terms stated in the disclosure statement. I have asked for clarity on any issues that were unclear and I am ready to proceed in the counseling relationship according to the disclosure statement.

SIGNATURES:

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

Client: _____

Date: _____

Client: _____

Date: _____

Therapist: _____

Date: _____

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