

The Counseling Company P.L.C.

PO Box 657, Ortonville, MI 48462

(248) xxx-xxxx

Professional Counseling Disclosure Statement

Dr. J. Scott Branson, Ph.D., LPC

Michigan Licensed Professional Counselor License #[6401015405](#)

In the state of Michigan, the practice of psychotherapy is regulated by the Michigan Department of Licensing and Regulatory Affairs (LARA). Complaints regarding professional counseling in Michigan should be directed to the following address:

Michigan Department of Licensing and Regulatory Affairs
Enforcement Division
Allegations Section
P.O. Box 30670
Lansing, MI 48909
(517) 373-9196

1. Education and Experience
 - a. I graduated with a M.A. degree in clinical counseling with an emphasis in couples in family therapy from the University of Northern Colorado in 2011. I subsequently earned my Ph.D. in counselor education and supervision, with emphases in couples and family counseling and gerontology in 2016. I have experience counseling individuals, couples, families, and groups.
 - b. I work full time as a faculty member in the counseling program at Wayne State University, and I teach multiple counseling courses, including a course on substance use and addictions. Additionally, I publish peer-reviewed research on counselor preparation and training.
2. Description of Practice
 - a. Based on my training I am able to work with a range of clients, including individual clients, couples, families, and groups.
 - b. When working with individuals, couples, and families I spend the first one to three counseling sessions building a trusting relationship and engaging in a thorough assessment, so I can understand your needs, concerns, support systems, ways of coping and engaging with the world, culture, and other factors. I am trained to provide mental health diagnoses, and I work with each client to determine if a diagnosis is appropriate based on my initial

assessment. Each client or client system will receive a treatment plan, which will be updated periodically to reflect progress and changing client needs. I also write confidential treatment notes following each counseling session. Research demonstrates that no one treatment works for all clients, and I greatly value your input regarding aspects of the counseling process and our relationship that are or are not working.

- c. I work from a diverse range of theoretical orientations, based on client needs.
- d. Session Duration
 - i. Individual sessions are generally billed for one hour and involve approximately 50 minutes of counseling.
 - ii. Couples, family and group counseling sessions are typically billed for 90 minutes.
- 3. Client Rights:
 - a. I am a member of the American Counseling Association (ACA) and adhere to the ACA's Ethical Standards.
 - b. When a conflict between state or federal law and ethical codes exist, law takes precedent over ethical codes.
 - c. Clients are entitled to receive information regarding the theories, methods, and techniques used in counseling, my training and qualifications, and any applicable fees. Clients are also entitled to receive information regarding the duration of treatment, if possible, based on my professional opinion.
 - d. You may seek a second opinion from another mental health professional or may terminate counseling at any time.
 - e. Sexual contact between mental health professionals and clients is inappropriate and unethical.
 - f. Information provided in the course of counseling and client treatment records are legally considered confidential, with the following exceptions:
 - i. If I judge anyone be in imminent danger of harming themselves or others the appropriate authorities will be contacted.
 - ii. Suspected child abuse, maltreatment, mental injury, and neglect will be reported verbally to Children's Protective Services (CPS), a division of the Department of Human Services (DHS), immediately following discovery of the suspected abuse. A written report will also be submitted to CPS within 72 hours of the discovery of the suspected abuse.
 - iii. Suspected abuse, neglect, and exploitation of vulnerable elders or adults with developmental disabilities will be reported to the Michigan State Adult Protective Services, a division of the Department of Human Services (DHS).
 - iv. Information that another licensed mental health professional has been convicted of a criminal offense and failed to notify LARA. This does not apply to licensed mental health professionals who disclose this information to me in the course of counseling.
 - v. Information requested through court subpoenas.
 - vi. Information that is requested in writing by clients.
 - vii. Consultation between myself and other health professionals. I will inform you verbally in the event that I will seek consultation with another professional.

4. Fees

- a. Counseling sessions cost \$160 per hour for individual, couples, and family services (\$240 for a 90 minute session). Approximately 10 minutes out of the session time is used to document the session and treatment plan.
- b. Group counseling services are billed at \$260 per hour, with the fee being divided equally among group members.
- c. If you need to cancel an appointment please do so 24 hours in advance. By signing this, you agree to pay in full, should you miss an appointment or cancel less than 24 hours in advance.
- d. A limited number of sliding scale fee slots available to clients whose finances prohibit them from paying my full fee. Please inquire if you are interested in a sliding scale fee. Sliding scale clients may be restricted to scheduling appointments during specific days or times of day.
- e. Telephone calls for any purpose other than scheduling will be billed in 15 minute increments based on the hourly fee outlined in 4.a.
- f. Any work that takes me outside the office, including testifying or providing in-home services, is billed at a higher rate, which is negotiated in advance of the services being provided.
- g. Payment is due at the end of each counseling session. Telephone calls will be billed with the next counseling session. I reserve the right to terminate services and engage a collection agency for accounts with a balance above \$300.
- h. Insurance coverage is not accepted, although clients are encouraged to consult their insurance provider (if they have one) to inquire about receiving reimbursement for our services as an out of network provider.

Your fee for services is: \$_____ per hour.

By signing below I agree that I have read, understand, and agree to the above disclosure statement and that I have been provided with an opportunity to clarify and ask questions about the above items.

Client Name	Client Signature	Date
J. Scott Branson, Ph.D., LPC Counselor Name	Counselor Signature	Date