LCMHCA Professional Disclosure Statement

Monica Smith, MA, LPC, RD

616-970-3887

iamrd@sbcglobal.net

[.www.foodandmoodcounseling.net](http://www.foodandmoodcounseling)

**My Qualifications**

I have a Masters of Arts in Counseling from Spring Arbor University and a Bachelor of Science in Nutrition from Western Michigan University. I hold a license in professional counseling (LPC) in Michigan #6401010013, and North Carolina. I am a registered dietitian (RD) #876321. I have been a counselor since 2006 and a dietitian since 2000. I provide both in person and online counseling via technology.

**Counseling Background**

My areas of interest and experience are:

Trauma - children, adolescents and adults.

Eating Disorders - individuals and groups; adolescents and adults

Relationship Counseling

Anxiety and Depression

Grief

Clinical Supervision

I have received special training in Dialectical Behavioral Therapy, EMDR, Somatic Psychotherapy, and Clinical Supervision. I have both group and individual counseling experience within a primary care setting (a physician’s practice), a psychiatric hospital, within a college counseling center and in my private practice.

**Session Fees and Length of Service**

I do not accept insurance. My fee is based on sliding scale.

Clients with household incomes of $60,000 or more - $110.00 per 60 minute session

 $55.00 per 30 minute session

Clients with household incomes of $40,000-$60,000 - $80.00 per 60 minute session

 $55.00 per 30minute session

Clients with household incomes of under $40,000 - $55.00 per 60 minute session

I accept cash, credit or personal checks. Cancellation must be made at least 24 hours in advance to avoid being charged the full fee of $110.00 per hour – regardless of where you fit on the fee scale for your regular appointments.

**Use of Diagnosis**

Because I do not accept insurance, I am not required to make a diagnosis in order to prove that you have an illness in order to for you to be eligible for service. As the client, you have full autonomy to determine if you desire to be in counseling with me, for how long, and under what circumstances. However, I am required by my professional code of ethics to help you make progress toward your goals.

**Confidentiality**

All information shared will be kept confidential with the following exceptions;

a) If I believe you are a danger to yourself or someone else

b) If you give me written permission to disclose information

c) In the case of suspected abuse or neglect to a child or vulnerable adult

d) If the information is court ordered

e) In case of a Medical Emergency

g) Should you accuse me of misconduct, your confidentiality will be waived.

**Complaints**

Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

<https://www.michigan.gov/lara/bureau-list/bpl/complaint/miplus/filing-a-complaint-with-miplus>

**Acceptance of Terms**

We agree to these terms and will abide by these guidelines.

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_