

## **Professional Disclosure Statement**

### **Name and Address:**

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### **Description of Practice:**

The counseling relationship involves the sharing of concerns, feelings, aspirations and personal stories with a skilled professional that help guide the client to process and explore alternative solutions about a particular issue.

Counseling is an interpersonal, relatively short –term-based psychotherapeutic practice guided by legal and ethical standards. It provides individuals, couples and families with assessment, evaluation, diagnosis, psycho-education, and guidance to develop goals and implement a counseling plan.

It is my responsibility to my clients to provide them with a trusting, respectful, compassionate, safe environment for self-exploration that is free of judgment. I believe that we all have the intuitive knowledge and self-awareness to navigate through personal transitions to bring emotional balance back in our lives. I encourage developing mutually agreed upon goals with my clients to empower them to create healthy change.

### **Qualifications:**

#### **Education and Credentials:**

I have a Bachelor of Art degree from the University of Michigan (1990) and a Master of Art degree in Counseling from Oakland University (2013).

#### **Professional Affiliations:**

My professional affiliations include membership in the American Counseling Association (ACA), the Association for Humanistic Counseling (ACH), the Chi Sigma Iota Counseling Academic and Professional Honor Society and the Michigan Mental Health Counselors Association (MMHCA), Florida Counseling Association (FCA), Florida Mental Health Counseling Association (FMHCA).

### **Fee Scale:**

My counseling service private pay to for 45-minute session. (Please call for rates) Fees are due at the time of service. Checks and cash are accepted. I offer a sliding scale for individuals experiencing financial hardship. Most insurance plans are accepted (co-pays and deductibles apply). I ask 24-hour notice by phone for cancellation or client will be charged for the session. Late arrivals may result in

rescheduled appointments. You are responsible for checking insurance plan benefits. As a courtesy, eligibility and benefits may be checked for you. You are responsible for any fees that may be charged at time of service and knowing your insurance coverage. Your case will be closed 90 days of inactivity, unless other arrangements have been made. If additional fees are incurred it will be discussed with client such as extended phone calls or calls made to 3<sup>rd</sup> party contacts, emails, letters written, educational meetings or court appearances.

### **Code of Conduct:**

The State of Michigan requires counselors to adhere to a specific Code of Conduct that is determined by the Board of Counseling. If, at any time, you feel your legal or ethical rights as a client have been violated, you may file a complaint with:

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

### **Client Responsibilities and Rights:**

Clients have the right to information concerning your treatment and care. A client has the right to question any of my comments and can refuse to follow any of my recommendations or recommended procedures (such as engaging in writing assignments, utilizing reading materials, listening to CDs). Clients are expected to keep appointments and notify me if they are seeing another healthcare professional. Clients have the right to terminate the counseling process at any time for any reason. I have the right and ethical responsibility to terminate counseling and offer a referral to another counselor or another health care professional. A final session may be requested by either of us to discuss the reasons for termination, and to decide on an appropriate referral if desired.

### **Emergencies:**

In case of a dire emergency (such as feeling unsafe, suicidal or anxiety attacks) I will call 911 and/or visit the local emergency room for an evaluation.

### **Signatures:**

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

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

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

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

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

Professional Counselor: \_\_\_\_\_

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

