

Monica Michael, LPC
5242 Plainfield Ave. NE, Suite C
Grand Rapids, MI 49525-1084
Website: monicamichael.com
616.970.1599

Professional Disclosure Statement

Description of Practice

Monica Michael is a licensed professional counselor who approaches counseling from a Christian worldview and uses techniques which she perceives are complementary to her Christian faith. Monica's methods are predominantly gleaned from the cognitive-behavioral and solution-focused frameworks, yet also include aspects of existential and humanistic counseling theories. Because she believes people are made in the image of God, Monica is confident that people possess a tremendous capacity for change and ingenuity. Ideally, the therapeutic relationship established between Monica and her clients will provide the safe place a client needs to release this potential and will fuel personal development.

Monica's Christian faith also leads her to approach problems holistically, since she believes that people are integrated beings comprised of bodies, minds and spirits. This being so, Monica believes that, wholeness gained in any one of these areas promotes wellness in each of the other two areas. Conversely, brokenness in one area negatively affects the other two areas. On this basis, Monica encourages her clients to address each of these dimensions of health.

Monica provides counseling for individuals of all ages and stages as a private practitioner in a group setting.

Description of Educational Experience

Monica earned a Bachelor of Arts degree in Elementary Education at Cornerstone University in Grand Rapids, Michigan. This coupled with her teaching experience laid the foundation for her graduate work.

Monica earned a Master of Arts degree in Counseling from Cornerstone University in Grand Rapids, Michigan. This program included a focus on the treatment of Attention Deficit/Hyperactivity Disorder (ADHD). In addition, Monica's practicum and internship experiences included family case management for Wedgwood Christian Services in Grand Rapids, Michigan, leading personal development groups for Ada Pathway Church in Ada, Michigan, and implementing neurofeedback protocols for the treatment of ADHD, depression and anxiety at Pediatric Behavior Specialists in Grandville, Michigan and Pediatric Psychologists of West Michigan in Grand Rapids, Michigan.

Monica has been in private practice since 2009. In addition, Monica serves as an adjunct faculty member of Cornerstone University's Professional and Graduate Studies degree completion program.

Post Graduate Training

Trained in Neurofeedback protocols by the EEG Institute of Woodland Hills, California.

Certified in the Othmer Method of Neurofeedback, Oct. 2010-present

28 credits toward the Counselor Education doctoral program at Western Michigan University.

Fees:

Assessment/Intake	\$230	Charge for cancellations with less than 24 hr. notice	\$60
Psychotherapy - individual (45-60 min.)	\$150	Court Appearances (per day, plus expenses)	\$1,800
Psychotherapy - couples/family (45-60 min.)	\$150		
Group Counseling (per session)	\$70		

Full payment is expected at time of service. Monica will gladly provide receipts which you can turn into your insurance company. Although Monica's office staff may assist you in discovering which services are covered

by your insurance carrier, it is your (or your guardian's) responsibility to determine in advance if coverage is available. It is also important for you to understand that insurance companies will only reimburse for services if an official diagnosis is given.

Final determinations about whether an insurance company will reimburse for services are solely at the insurance company's discretion. Although many insurance companies across the country have been reimbursing for neurofeedback for a number of years, it is possible that your insurance company will consider it an experimental treatment, or only consider it a reimbursable service for specific diagnoses.

Your initials here affirm that you understand that payment for these services are your responsibility even if your insurance company will not reimburse for neurofeedback based on the reasons stated above.

Initials _____

Some clients prefer to pay out-of-pocket and forego an official diagnosis in order to avoid any perceived stigma related to diagnoses or to protect against a loss of privacy. Please initial this statement to acknowledge that you understand that opting to forego an official diagnosis may disqualify you for insurance reimbursement.

Initials _____

Addressing Concerns

If at any time, you conclude that Monica has conducted herself in an unprofessional or unethical manner, you are invited to address this concern with Monica personally. In the event you conclude that your concerns cannot be resolved in this manner you have the right to register your complaint with the State licensing authority at:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
Legal Affairs Division
P. O. Box 30670
Lansing, MI 48909
(517) 373-9196

Effects of Counseling: At any time, you may initiate a discussion with Monica of possible positive or negative effects of entering, not entering, continuing, or discontinuing counseling. Although Monica expects you to benefit from counseling, she cannot guarantee any specific results. Counseling is a personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. You may feel distressed, usually only temporarily, by some of the things you learn about yourself or some of the changes you make. In particular, one risk of couple counseling is the possibility of the divorce option being exercised. Although the exact nature of changes resulting from counseling cannot be predicted, Monica intends to work with you to achieve your stated goals.

Initials _____

Possible Effects of Neurofeedback: In the process of discovering the optimal reward level for each client, neurofeedback may induce unwanted effects, such as (but not limited to) those associated with over-activation, anxiety, drowsiness, fogginess, sleep dysregulation, and headaches. When employed with persons diagnosed with certain conditions such as migraine, seizure disorder, or bipolar disorder, certain reward levels may provoke rather than suppress symptom expression temporarily. Such adverse effects should subside promptly once more optimal reward levels are implemented.

Initials _____

Client Rights: Some clients achieve their goals in only a few counseling sessions; others may require months or even years of counseling. As a client, you are in complete control and may end the counseling relationship at any time. Monica requests that you participate in a termination session prior to discontinuing treatment. You also have the right to refuse or discuss modification of any of Monica's counseling techniques or

suggestions with which you are uncomfortable.

Initials _____

Client Responsibilities: Monica's ability to help you hinges on your willingness to fully and accurately report your response to therapy/neurofeedback and your active participation in the therapeutic process. In addition, it is your responsibility to inform Monica of all changes in medications and dose size. Failure to report these changes and making such changes without the support of your prescribing physician may negatively impact your counseling/neurofeedback outcomes.

Initials _____

As the client, I agree to give 24 hours advance notice of the need to cancel an appointment, because my failure to do so may impede someone else from receiving the care they need. I have provided an active credit card for Monica to keep on file. I give my permission for my card to be charged \$50.00 when I miss appointments or am unable to give a 24-hour advance notice of cancellation.

Initials _____

Confidentiality: As your therapist, Monica will take reasonable precautions to ensure your privacy. Monica will only share details of your treatment with those for whom you have given express written permission. This may include doctors, previous therapists, specific family members, etc.

Limits of Confidentiality

1) Supervision and Mandated Reporting: As a conscientious professional, Monica may decide that seeking advice from other qualified professionals may be necessary for her to deliver the best possible care to you. When Monica deems this necessary, Monica will ask for your signed consent to disclose the details of your case with said professionals. In addition, Monica consults on a regular basis with Sue Othmer of EEG Institute and other qualified neurofeedback professionals regarding the delivery of neurofeedback services. During these consultations, Monica explains details of current cases without divulging any identifying information.

Initials _____

Monica is also mandated by the State to break confidentiality if she suspects children or vulnerable elders are being abused. This mandate also applies if Monica has reason to believe that you intend to harm yourself or others. In the event Monica suspects that these conditions exist, she will alert the proper legal authorities and take reasonable steps to ensure the safety of those whose well-being may be threatened.

Initials _____

2) Support Staff and Counseling Interns: In the course of providing quality service to you, Monica Michael may depend on support staff that aid with administrative responsibilities. These duties include, but are not limited to, such things as record keeping, accounting, billing, etc.. In addition, periodically, Monica supervises counseling interns. These interns will also have access to client records and may accompany Monica in counseling sessions. As the client, I always maintain the right to refuse admittance or revoke previously given permission of any intern into my counseling sessions. Monica's staff and interns are aware of and have agreed to abide by the APA ethics codes and HIPPA privacy standards.

Initials _____

3) Modern Technology: Monica's ability to protect your privacy may also be compromised through the use of modern communication technology, such as, but not limited to cell phones, fax machines, email, and computers accessible via the internet. Monica uses the traditional methods (i.e. passwords) for safe guarding information transmitted and stored via these technologies, but all of these precautions are penetrable. All of these conveniences come with inherent risks. When I communicate with Monica using these methods I accept the risks associated with such use.

Initials _____

Transfer of Records: In the event that Monica becomes ill, incapacitated, dies or otherwise becomes unable to continue her professional duties, arrangements have been made for:

Dr. My Lien
3940 29th Street
Grand Rapids, MI 49512-1818

to take over the care and protection of Monica’s client files. This colleague will protect your confidentiality and notify you upon receipt of your records.

Initials _____

Reporting to Third Part Payers: I consent to having Monica Michael share my health care records and personal information with my insurance company and all associated companies for the purpose of utilizing my healthcare benefits and gaining third party payments for services rendered.

Initials _____

Termination of Services: The counselor/client relationship may be terminated at any time by either the client or the counselor. If the you, the client decide that you no longer wish to continue counseling it is appropriate for you to communicate your desire to stop. It is your responsibility to inform Monica that you intend to stop treatment and inform her of your reasons for quitting.

If, Monica determine that it is no longer feasible or in your best interest for her to continue to provide services, or she determines that it is in your best interest to refer you to another clinician, Monica will accept the responsibility of informing you of her position. At termination, Monica will provide you with a list of referrals to aid you in a smooth transition to another therapist of health care provider.

Initials _____

_____ I have read the above Disclosure and have been given opportunity to ask clarifying questions. I understand my rights and responsibilities in the counselor/client relationship.

_____ I give my consent for Monica Michael, MA, LPC to contact my (or my child’s) current medical care provider (s), as listed in my intake form and discuss the details of my case if she deems it beneficial for delivering the best possible counseling services. Exceptions to this consent are:

_____ I understand that many medical illnesses can have similar symptoms as mental health disorders. In light of this knowledge, I accept the fact that it is in my best interest to rule out the possibility that I may have existing, but as yet unknown, medical conditions before seeking treatment for mental health disorders.

In case of an emergency contact: _____

Client

Date

Client Guardian (if client is a minor)

Date