

PROFESSIONAL DISCLOSURE STATEMENT

CONFIDENTIAL

Description of Education and Experience

I hold a Masters Degree in Counselor Education: Marriage, Couples and Families from Western Michigan University. I am credentialed both as a Licensed Professional Counselor (LPC) and a Licensed Marriage and Family Therapist (LMFT) by the Michigan Board of Counseling.

I have completed advanced training in two models of couples therapy: Gottman Method Couples Therapy and Emotionally Focused Therapy (EFT). I am a Gottman Seven Principles Leader and a Gottman Bringing Home Baby Educator. I am also a certified Prepare and Enrich Facilitator and SYMBIS Facilitator. In addition, I have over 13 years of experience working with children, adolescents, and families as a former English and Drama teacher, credentialed in both California and Michigan.

Description of Practice

I am an integrative therapist who chooses counseling models and interventions based on your goals, needs, and unique circumstances. You are the expert on your life and possess unique strengths and resources to solve your problems or create change. I offer skills and knowledge to build on your strengths and facilitate the change process.

As an LMFT, I believe that a client's struggles are often systemic in nature; in other words, your past and present relationships either lessen or worsen symptoms. Therefore, I often encourage you to work on both personal and relational goals.

Counseling Process and Effects

It takes courage to seek help. For that reason, the counseling process begins by establishing a positive relationship built on care, empathy, and trust. During our sessions, we will talk about your needs and work together to establish therapeutic goals and objectives. From the beginning of the counseling process to its termination, we will refer to those goals regularly and, if necessary, determine other external sources of support, including referrals. I will make every effort to address your cares and concerns throughout therapy with the hope that the counseling relationship might bring about the healing, growth, and change that you are seeking.

During the process of therapy, you may experience periods of pain, distress, and/or discomfort. By the end of therapy, clients usually experience healing, improved relationships and a greater sense of well-being and empowerment. However, the exact nature of these changes can not be predicted.

Confidentiality

At no time will I disclose information about you or our sessions, without your consent, except in the following circumstances:

- 1.) I believe you are in danger of seriously harming yourself or others.
- 2.) You disclose information regarding the neglect or abuse of a child or vulnerable adult.
- 3.) You disclose information regarding a health care provider's unethical sexual contact with a client.
- 4.) I am issued a valid subpoena or court order requiring me to provide specific information. In this event, I will notify you about the specific information that I am required to disclose.
- 5.) Your insurance provider requires information.
- 6.) I am seeking consultation with my supervisor or a professional peer about a case; I will do so in a way that protects your identity and privacy.

Additionally, if I see you outside of the therapy setting, I will not greet you in order to preserve your privacy. However, please feel free to greet me in public if you desire; I will gladly reciprocate.

Marriage, Couples and Family Therapy

At times, marriage, couple, and family therapy will include sessions with individuals. The goals of these individual sessions will continue to be the goals of the couple or family, not the individual. Any information an individual privately shares may be brought up during couple or family sessions.

Parents and Minors

I will share general information with parents about the progress or treatment of the child. All other communication will require the assent of the child unless I believe that there is a safety concern, in which case I will make every effort to notify and council with the child in advance to dis-closing information.

(Continued)

PROFESSIONAL DISCLOSURE STATEMENT (Continued)

CONFIDENTIAL

Client Rights

If you are unhappy with the services I provide, I hope you will talk to me so that I can respond to your concerns. Your comments will be taken seriously and handled with care and respect. You have a right to ask questions about any aspects of the therapy process. Furthermore, you are free to request a referral or to terminate therapy at any time. You also are entitled to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment.

If you would like to file a complaint regarding my counseling services, please contact the following:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
Investigations & Inspections Division
P.O. Box 30670
Lansing, MI 48909
(517) 241-0205

THERAPY CONSENT AND FEE AGREEMENT

Cancellation Policy

If for any reason you are unable to keep your appointment, you are required to notify me 24 hours in advance of your scheduled appointment to reschedule or cancel. You may notify me by voicemail or email. If you do not, you will be charged \$75.00 for the time reserved for you. Exceptions to this policy include a medical or family emergency that you review with me and that I approve.

Rates and Payments

My fee is \$135.00 per 55 minute session. Payment is expected at time of service unless other arrangements have been made with me. I accept checks, cash, and credit cards.

If you plan to seek reimbursement by your insurance company for all or part of your therapy costs, please note that I am an out of network provider. You are responsible to contact your insurance company and obtain information regarding your coverage for out of network mental health benefits. I will provide you with a detailed receipt (also called a superbill) at the end of each session. It is your responsibility to contact your insurance company and complete the process of reimbursement.

Contacting me

If I am unavailable to take your phone call, please leave a message on my confidential voicemail. You may also email me for scheduling questions or logistical questions. I do not use email to discuss therapy-related concerns or issues. If you are unable to reach me and are ex-periencing a medical or mental health emergency, contact your family physician or call 911. If I will be unavailable for an extended period of time, I will provide you with the name of a colleague to contact, if appropriate.

CONSENT TO TREATMENT AND ACKNOWLEDGMENT OF RECEIPT OF PROFESSIONAL DISCLOSURE STATEMENT

Please initial where applicable:

- I have read the Professional Disclosure Statement of Cheryl Cooper and I have been provided a copy.
- I have received, read and understand this therapy and fee agreement and consent to voluntarily receive and participate in the therapeutic process with the above guidelines.
- I agree to pay the above stated fee at the time of service.
- I understand that all cancellations must be made 24 hours in advance and agree to pay the \$75 fee for cancellations that are made with less than 24 hours notice.

Signature of Client or Responsible Party: _____ Date: _____



Cheryl Cooper, MA, LPC, LMFT

616.425.9213 • CherylCooperCounseling@gmail.com • CherylCooperCounseling.com
983 Spaulding Avenue SE, Ada, Michigan 49301