

Professional Disclosure Statement

Sara Schwartz, MA, LPC, NCC, CAADC, NPT-C (MBA)
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3Cs Counseling Center
PO Box 7119, Novi, MI 48376
Direct line: 248-397-5075fu

This information is intended to inform you about my professional background and to describe certain aspects of our therapeutic relationship. Please read it carefully and feel free to ask any questions you may have.

Qualifications

In 2021, I obtained a Master of Art's degree in Clinical Mental Health Counseling from Antioch University, graduating from the program with a 4.2/4.0 GPA and as a member of Antioch's Alpha Nu Epsilon CSI Chapter, an honors society for counseling students. I completed my practicum and internship field work at Sollars & Associates, where I continued to see clients post-graduation for several months. I also hold a Master of Business Administration degree from Wayne State University and am now the owner of 3Cs Counseling Center, which provides teletherapy, as well as a homebased therapist at MiSide, formerly Development Centers. In the past, I have served as a clinical therapist on the Assertive Community Treatment team at Team Wellness Center. In 2021, I passed the National Counselor Exam and hold my National Counselor Certification, and in 2023, I took MCBAP's IC&RC exam and am currently a Certified Advanced Alcohol & Drug Counselor. A full CV is available for your review at 3CsCounselingCenter.com.

Supervised Practice

My practicum and internship experience (totaling over 900 hours) were completed under the supervision of Tiffany Hodges, MA, LPC, NCC (license number 6401017307). Post-graduation, I've been supervised by Kelli Anderson, LPC (6401018186), Tracy Purnell, LPC (6401006537), Dr. Rebekah D. Montgomery, PhD, LPC (6401013825) and Elizabeth Carr, LPC (6401014557).

As part of the training process during practicum and internship, I received weekly check-ins with both my on-site and faculty supervisors as well as ongoing support in weekly on-site case conferences. My clinical supervisors reviewed nine client session recordings and provided me with feedback to ensure that quality care was being provided. (Audio or video recordings of our sessions will only take place with your express consent, given by signing a separate consent form prior to the recorded session.)

Post-graduation, I began to receive weekly or bi-weekly individual supervision as well as group supervision, which is ongoing.

Counseling Background and Process

My counseling work has been with all client populations including children, adolescents, and adults. I have worked with couples and have co-facilitated a ten-week adolescent group. I am able to identify and address a broad range of clinical diagnoses, including depression, anxiety, grief and loss, post-traumatic stress disorder, substance abuse, gender dysphoria, adjustment disorder, and many others. I work alongside clients to address personal, emotional, professional, and relational concerns.

My primary approach to counseling is psychodynamic, although I enjoy schematic work and regularly integrate cognitive, dialectical, and acceptance and commitment behavioral therapies as well as grounding and breathing techniques and other mindfulness-based interventions as part of meeting clients where they're at and addressing here-and-now concerns. Techniques may include inner child work, examining attachment styles and the family system, exposure hierarchies, discussions of core values and beliefs, thought challenging and reframing, and many more. In essence, this integrative counseling approach allows me to offer empathetic rapport and congruence while the client and I engage in a collaborative effort to identify changes that can be made to minimize mental, emotional, and behavioral distress.

Where appropriate I have incorporated the use of play, music, dance, and other expressive arts therapies of any modality that lend well to the client's specific needs while being mindful of comfort level. I am not a certified music, dance, or art therapist. I am also well-versed in relapse prevention strategies, although I am not a certified substance use disorder therapist, and psychoeducational interventions, including explaining polyvagal theory.

My role is to assist you in reaching whatever goals you may have for yourself by providing non-judgmental support and helping to facilitate your personal journey to wellness. I strive to help you expand upon your journey into self-awareness and growth. Whenever necessary, I will assist you with coordinating care and initiating ancillary support as requested.

Although our sessions may be very intimate emotionally and psychologically, please understand that ours is a professional relationship rather than a social one. Maintaining professional boundaries for both client and counselor is a vital component in the therapeutic relationship, and I will uphold these boundaries in order to ensure a positive therapeutic outcome.

Length of Service

Each session lasts 45-50 minutes, and most sessions take place on a weekly basis, although sometimes it may be beneficial to meet more or less often. The duration of counseling varies widely among clients and depends largely on your individualized needs (with most clients benefiting from six months or more of consistent attendance). You may choose to terminate therapy at any time, but I strongly suggest that we have a final session together so we can develop an aftercare plan together.

Fees and Terms of Payment

This practice requires that you keep a valid credit, debit, or HSA card on file as well as an insurance card, if applicable. Your payment card will be charged for the amount due at the time of service and for any fees you may accrue unless other arrangements have been made with the practice ahead of time. It is your responsibility to keep this information up to date, including providing new information if the payment or insurance card information changes or the account has insufficient funds to cover these charges.

You will be required to pay for session fees and may also pay additionally for services outside of sessions (see 'Fee Schedule' below). You will be provided with these costs prior to beginning therapy and should confirm with your insurance if part or all of these fees may be covered.

At this time, 3Cs Counseling Center is able to accept Blue Cross Blue Shield Traditional or PPO Trust insurance or cash payments. Debit and credit card cash payments can be made via PayPal, Venmo, CashApp, Zelle, or via a mailed check. Alternative methods of payment must be approved

in advance. Checks must be made out to Sara Schwartz and mailed prior to each session to the following address, 3Cs Counseling Center, P.O. Box 7119, Novi, MI 48376. A notification of payment must be sent to your therapist once mailed.

A sliding scale and payments plans are available for those in financial need.

Fee Schedule

Individual (45-50 minutes): \$120

Couples (45-50 minutes): \$165

No-Show Fees: Clinician may choose to waive the session fee after first no-show on a case-by-case basis. After a second no-show, the full session fee will be charged.

Cancellation made prior to 24 hours before session: No fee.

Cancellation made within 24 hours of scheduled session: Half of regular session fee.

Balance accrual: You should inform your provider if you are temporarily unable to pay for your sessions in order to inquire about alternative payment options. If an alternative payment option is not in place and a balance begins to accrue, you will be charged as follows: A 10% interest will be applied to each missed payment every month until paid.

Letter Writing Fees: \$35 per letter for non-legal matters (i.e., service coordination); \$75 per letter for legal matters.

Court and court-related appearances: \$200 per hour.

Your Responsibilities Regarding Insurance Coverage

Before starting therapy, it is your responsibility to confirm with your insurance company all of the following:

- Covered vs. non-covered services on your policy;
- Your benefits cover the specific type of therapy you will receive;
- Your benefits cover both in-person and telehealth sessions;
- The amount of your deductible, coverage limits, and applicable co-pays or co-insurance.

By signing this disclosure statement, you acknowledge that you have verified with your insurance provider that services are covered and if your policy will not reimburse for these services, you will be responsible for the out-of-pocket session fee(s) for any and all sessions that have been conducted at the time of the denial or when lack of coverage was realized.

Closing Files After Missed Appointments

If you find that you must cancel or reschedule an appointment, please make an effort to contact me at 248-397-5075 at least 24 hours in advance to avoid paying an additional fee. It is policy that if I do not hear from you within 48 hours of a second “no-show” (i.e., failing to attend a scheduled appointment without notice), your file will be closed, and services will be considered complete. The missed session(s) fees will be charged. If communication is received within 48 hours, a session may either be rescheduled based on clinician’s availability or the next session will

remain on the calendar if clinician is full. It is policy that if a client no-shows again for the next session, the file will automatically be closed with or without communication after the scheduled appointment date and time.

Note: This differs from the cancellation fees noted above which apply to attempted communication prior to session versus no communication. You are always welcome to return if you find you are in need of continued care and the initial session fee will be applied once therapy recommences.

Communication with Clients and Emergencies

With your written permission, I may use text or email to communicate with you. Please note that these are NOT secure forms of communication, and I cannot guarantee confidentiality. Please do not send information via email or text that you wish to remain confidential or that requires immediate attention. I will provide a consent form for authorization.

In the event that an emergency should occur, please call 911 or go to the nearest hospital emergency room.

Effects of Counseling

Embarking on a counseling journey is a brave undertaking that may challenge you at times. The counseling process may open up levels of awareness that could cause psychological discomfort as you work through them, and the process of change can be a difficult one. While working through this at your own pace has the potential to yield very meaningful personal benefits, you always have the right to refuse to participate in certain therapeutic techniques.

Given the nature of counseling, it is difficult to predict exactly what will happen in terms of therapeutic outcome or to provide an estimate of the time required for a client to reach personal goals. That being said, clients who are open to the process of change, are consistent with attending sessions, and are willing to work on goals outside of sessions tend to benefit and experience the most positive results.

Use of Diagnosis

Some health insurance companies will reimburse clients for counseling services, and some will not. Additionally, most will require that a diagnosis of a mental health condition is made and indicate that you must have an "illness" before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, you have the right to ask me about this. Any diagnosis made will become part of your permanent insurance records and may have ramifications in terms of costs of insurance and long-term insurability.

Confidentiality

I consider my clients' confidentiality of the utmost importance and will keep confidential anything you say as part of our counseling relationship. However, there are a few rare circumstances in which I may be required to break confidentiality:

- (a) You give written permission to disclose information to a third party.
- (b) I determine that you are a danger to yourself or to others.

- (c) You disclose information that leads me to believe a child, disabled person, or elderly person is being abused or neglected.
- (d) I am ordered by a court to disclose information. (In unusual cases a client's involvement in a custody or criminal dispute may lead to me receiving such a court order.)

As mentioned above under "Supervised Practice," I have a limited license and am required to practice under supervision. The supervision process may include discussion of our counseling sessions with my supervisor or professional colleagues. I will make every effort to preserve your anonymity and you may trust that my colleagues are held to the same standards of confidentiality. All of our communication becomes part of your clinical record, which is accessible to you upon request.

Complaints

Although clients are encouraged to discuss any concerns directly with me, you may file a complaint against me with the organization below should you feel I am in violation of the American Counseling Association Code of Ethics:

<http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>

Please note the address and phone number below should not be used for any other purpose.

**Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
Investigations & Inspections Division
PO Box 30670
Lansing, MI 48909
Phone: 517-241-0205**

Acknowledgement and Acceptance of Terms

I have read and agree to these terms and will abide by these guidelines. I understand that I am free to ask questions or raise concerns at any point in the therapeutic process.

Client: _____ Date: _____

Counselor agrees to uphold these terms as evidenced by my signature below:

Counselor: _____
Date: _____