

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
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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 4.0/4.0 GPA and as a member of Antioch's Alpha Nu Epsilon CSI Chapter, an honors society for counseling students, where I sat on the board in the addictions chair prior to graduating. I received the Donald D. Davis scholarship for excellence in community involvement while I was there.

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 services to clients throughout the state of Michigan. I am currently partnered with Great Lakes Psychology Group and Grow Therapy. I have also served as a homebased (SED waiver) therapist at MiSide and an Assertive Community Treatment therapist at Team Wellness Center. In 2021, I passed the National Counselor Exam, obtaining National Counselor Certification, and in 2023, I passed 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. (Any recordings 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 was ongoing through obtaining a full license.

Counseling Background and Process

My counseling work has been with all client populations including children, adolescents, and adults. I have worked with couples and families, have co-facilitated adolescent groups, and have created a framework for substance use disorder groups.

My approach is person-centered, as each individual brings unique and independent needs. I often integrate psychodynamic work, cognitive behavioral therapy, dialectical behavior therapy, and acceptance and commitment behavioral therapies, motivational interviewing, and mindfulness-based interventions as part of meeting clients where they're at and addressing here-and-now concerns. I am always happy to provide psychoeducation around the usefulness of these interventions. Some techniques we may explore include inner child work, examining attachment styles and the family system, exposure hierarchies, discussions of core values and beliefs, thought challenging and reframing, strength-based approaches, stages of change, and many more. In essence, this integrative counseling approach allows me to offer empathetic rapport and congruence while the client while engaging in a collaborative effort to identify changes that can be made to minimize 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 substance use disorders as a CAADC, have had firsthand experience working with severe mental illness and emotional disturbances (SED) as well as crisis intervention strategies, and enjoy explaining the importance of the mind-body connection with clients to achieve optimal wellness.

My role is to assist you in reaching whatever goals you may have for yourself by providing non-judgmental support and helping to guide you in your personal journey towards a healthier self. I strive to help you expand your self-awareness and self-compassion, as well as facilitate 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 the 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

A typical session lasts 45-60 minutes, although intake sessions may take longer, and most meetings take place on a weekly basis, depending on need. The duration of counseling varies widely among clients and depends, again, largely on your individualized needs (with most clients benefiting from 6-12 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 so we can develop an aftercare plan together. It is also important to note the late cancellation and no show fees listed below.

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 your payment or insurance details change or if your account has insufficient funds to cover these charges.

You will be required to pay for session fees and may opt to pay additional fees 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. 3Cs is able to take select insurance plans or put into place a private pay arrangement. 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 can be made out to *Sara Schwartz* and mailed to 3Cs Counseling Center, P.O. Box 7119, Novi, MI 48376 prior to each session. A notification of payment must also be sent to your therapist via email or text once mailed.

3Cs strives to make mental health services affordable and accessible to all. Sliding scale and payments plans are available for those in financial need, and scheduling arrangements that will reduce out-of-pocket fees can also be discussed (e.g., limiting sessions to 30 minutes or meeting less frequently).

Fee Schedule

Intake Sessions (60 minutes+): \$175 (billable code 90791)

Regular Session, Individuals (45-50 minutes): \$140 (90837)

Regular Session, Couples (45-50 minutes): \$165 (90837 or 90847)

Regular Session, Families (45-50 minutes): \$165 (90846, 90847, 90837)

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 and arrangements. If a plan is not promptly put into 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 & Legal Report Fees: \$35 per letter for non-legal matters (e.g., service coordination); \$75 per letter for legal matters; \$275 for formal court-related reports

Please note, your therapist also serves as an expert witness in legal matters in the areas of mental health and addictions. Should you need assistance with a court-related matter, please inquire about these services. In general, court and court-related appearances (e.g., mediation, depositions, attorney meetings, and other in-person appearances) are billed at a discounted \$275 per hour for current clients (discounted by 63%). For past clients, court-related matters are discounted by half, to \$375 per hour. This is due to increased liability for continued involvement although the individual(s) is/are no longer on the clinician's caseload.

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.

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 3Cs' policy that if I do not hear from you within 48 hours of a second "no-show" (e.g., 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 also 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 intake session fee will be applied once therapy recommences.

General and Emergency Communication

With your permission, I may use text or email to communicate with you. Note that these are NOT secure forms of communication, and I cannot guarantee confidentiality. Please do not send information that you wish to remain strictly confidential in an email or text. Please also do not send a message via email or text if your message requires immediate attention. Instead, call 248.397.5075.

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 is meant to challenge you at times. The counseling process may open up levels of awareness that could cause psychological discomfort as you work through them, the level of which is very individualized, 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, and I welcome open, honest in-the-moment communication about how you're feeling whenever possible.

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 their personalized goals. That being said, clients who are open to the process of change and the challenges that come with this, are consistent with attending sessions, and are willing to work on their goals in real-time 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. While this is not always ideal, understand that it is necessary in order for your insurance to reimburse you for services rendered.

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, including: (a) You disclose information that leads me to believe a child, disabled person, or elderly person is being abused or neglected; (b) It is deemed you are in danger of causing harm to yourself or others; (c) 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 an order from the judge or another court representative.)

I will make every effort to preserve your anonymity whenever possible; however, note that 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**

Acknowledgment 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:
