

# Professional Disclosure Statement

**Sara Schwartz, MBA, MA, LPC, NCC, CAADC, NPT-C**  
**Licenses: 6401224023 (LPC), 1583815 (NCC), C-05051 (CAADC)**  
**3Cs Counseling Center PO Box 7119, Novi, MI 48376**  
**Direct line: 248.397.5075**

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 and now remain a member-at-large. I received the Donald D. Davis scholarship for my contributions to the community 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 have partnered with Great Lakes Psychology Group and Grow Therapy and have also served as a homebased (SED) 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. I also hold a neuropsychotherapy certification through Mind Works Professional Education, Inc.

In addition to 3Cs, I am the owner of CounselingExamPrep.org, Michigan Counselor Training Institute, and The GroWell Center, three other mental health-related companies.

## 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 remained ongoing through obtaining a full license in February 2024.

## **Counseling Background & 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 and eclectic as each individual brings unique and independent needs. I've included psychodynamic therapy, behavioral therapies (CBT, DBT), mindfulness interventions, acceptance and commitment therapy, positive psychology, motivational interviewing, and many other approaches in an effort to both address here-and-now concerns as well as identify patterns that have persisted throughout the lifespan.

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 strategies, stages of change, and many more. In essence, this integrative counseling approach allows me to offer empathetic rapport and congruence with my clients while we engage in a collaborative effort to identify changes that can be made to minimize distress and foster resilience.

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 sustainable healing and growth.

## **Professional Boundaries**

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. Of special importance to note here:

## **Limits to 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 also have a responsibility to uphold [Michigan's Public Act 119, Section 330.1946](#).

I will make every effort to preserve your anonymity whenever possible; however, note that our communication becomes part of your clinical record, which is accessible to you upon request.

## **Public Encounters & Personal Invitations**

Should we cross paths in a public space, please be advised that I will not initiate any form of contact with you as my client, verbally nor nonverbally. While this may come across as rather cold and impolite, please understand I am simply being mindful of your right to privacy. It is entirely up to you if you would like to initiate contact with me. Similarly, I may decline an invitation to be present at a personal event.

## **Gifts**

I am unable to receive gifts of any monetary value as this could constitute a dual relationship, which complicates the therapeutic alliance and could constitute an ethical violation. Similarly, I am unable to offer gifts to clients. Thank you for understanding.

## **Length of Service**

A typical session lasts 45-60 minutes, and most meetings take place on a weekly basis, depending on a client's 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.

Please note, should you wish to take a break from therapy, the same protocols as termination will be followed. I am unable to keep your file as this could pose liability concerns. More often than not, I also have a waitlist for new clients, so this promotes fairness in treatment accessibility.

## **Fees & 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 session fees at the time of service and may opt to pay additional fees for services outside of sessions at any time (see fees below). The costs of treatment are included in this professional disclosure statement as well as the clinician's marketing materials, including the practice's website, [www.3CsCounselingCenter.com](http://www.3CsCounselingCenter.com). You should ask your insurance provider in advance if part or all of these fees will be covered.

3Cs is able to take select insurance plans or put into place a private pay arrangement. Most debit and credit cards are accepted, and cash payments can be made via PayPal. Alternative methods of payment must be approved in advance.

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). Please discuss any financial concerns or changes in advance, whenever possible, so we can come up with a viable solution and there is no disruption in care.

## **2024 Fee Schedule (Subject to Change)**

The follow represents standard out of pocket private pay costs (please remember to check with your plan to ensure you're covered if you plan to use insurance):

Intake Sessions (53+ minutes): \$195

Regular Session, Individual (53+ minutes): \$175

Regular Session, Couples (53+ minutes): \$190

Regular Session, Families (53+ minutes): \$200

## Attendance

While results cannot be guaranteed in therapy, consistent attendance and active engagement tend to result in the best possible treatment outcomes. Inconsistent attendance makes it much more difficult for therapy to be beneficial. Failing to follow through with implementing tools in between sessions will also limit the potential for positive change. This is why it is important to keep scheduled appointments and maintain consistency in scheduling whenever possible, while actively applying the insight and strategies discussed in session to your everyday life.

## Late Cancellation & No-show Fees

The following late cancellation and no-show fees will apply:

**Cancellation made up to 24 hours before session:** No fee

**Cancellation made less than 24 hours before scheduled session (“late cancellation”):** \$100

*\*Please note, a third late-cancellation will result in a full session fee being charged, and clinician reserves the right to close a client’s file due to lack of engagement. Once closed, if choosing to return, the regular intake fee will be charged at the first return session. See “Closing Files After Missed Sessions” below for more information.*

**No-Show Fee:** \$100

*After a third no-show, the clinician reserves the right to close a client’s file due to inactivity. Once closed, if choosing to return, the regular intake fee will be charged at the first return session. See “Closing Files After Missed Sessions” below for more information.*

**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 10% interest after 30 days of delinquency or after 3 sessions, whichever comes first. This will apply to the total outstanding balance. After 45 days of delinquency, or 5 sessions, whichever comes first, clinician reserves the right to close a client’s file and send the outstanding balance to collections.

## Miscellaneous Fees

**General Letter Writing Fee (single page):** \$35 per letter for service coordination and similar, non-legal matters

**Proof of Diagnosis/Evaluation Letter (single page):** \$50

**Emotional Support Animal Letters:** Requires full assessment; \$125

**Legal/Court-related Matters:**

**Mandatory Attendance Verification:** No fee

**Character Letters:** \$50 per letter

**All other Personalized Letters:** \$50 per letter

**Formal Court Appearances:** \$275/hour + travel expenses for current clients

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% of the clinician's regular expert witness fee).

Should you need assistance with a court-related matter, please inquire about these services well in advance, whenever possible, so I can ensure proper preparation and support.

For past clients, court-related matters are discounted by half the regular expert witness fee, to \$375/hour.

**All other letters, please inquire.**

## **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**

As mentioned previously, lack of engagement makes it very difficult for progress to be made. Life, however, can be unpredictable, and I understand that, from time to time, unforeseen circumstances arise. Thus, clinician will attempt to reach the client on using the contact information on file, but it is important to also make every effort to contact the practice in advance if you need to cancel or reschedule.

If you find that you must cancel or reschedule an appointment, contact me at 248.397.5075 or 3CsCounselingCenter@gmail.com 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 third no-show, your file will be closed, and services will be considered complete. The missed session(s) fees will be charged.

If communication is received within the 48-hour timeframe, the fee will apply but a session may either be rescheduled based on clinician's availability or the next session will remain on the calendar if clinician is full. If no-shows continue after this point, the file will be closed with or without communication.

## **General & 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 while 3Cs Counseling Center has a signed BAA with Google Workspace to remain HIPAA compliant, confidentiality cannot be guaranteed. Please do not send information that you wish to remain strictly confidential in an email or text, including personal health information (PHI). Similarly, 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 of a crisis or emergency, please dial 988 or 911 or go to the nearest hospital emergency room.

## **Effects of Counseling: Risks & Benefits**

Embarking on a counseling journey is a brave undertaking that is meant to challenge you at times. The process may open up levels of awareness that could cause psychological discomfort as you work through

them, the level of which is highly 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 benefits, you always have the right to refuse to participate in 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 the most.

## **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.

## **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, National Board of Certified Counselors Codes of Ethics, or the International Certification & Reciprocity Consortium (IC&RC) Code of Ethics. 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: \_\_\_\_\_