

**Evolve Counseling and Holistic Wellness, LLC**  
**Disclosure Statement & Informed Consent**  
**Lansing, MI 48917**  
**Office: 517.712.9736 Updated: 2/28/2021**

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**Description of Practice:** Evolve Counseling and Holistic Wellness, LLC is a sole-proprietor, owner/operated business. Business is operated from my home office space and clients receive the address upon scheduling. The office has a separate entrance utilized for business purposes. Clients have access to the restroom and, if necessary, a waiting area. I provide a professional business service and clients are expected to respect and behave in a similar manner.

**Modes of Service:** I take a person-centered, holistic approach working with clients. I offer in-person or telehealth therapy 30, 45-or 60-minute appointments. Telehealth, computer-based psychotherapy is provided via a HIPAA compliant platform called Doxyme.com. My practice works with individuals: children at least 13 years of age, adolescents, teens and adults. I do not work with families. I believe that each client is unique and must be approached as such. I form therapeutic relationships with clients in a safe, nurturing environment allowing them opportunities to explore challenges and barriers which may be prohibiting them from achieving self-awareness, growth and development. My focus is to assist individuals struggling with psychological and psychosocial issues including: depression, mood disorders, trauma, grief and loss, panic and anxiety, stress management, career counseling, addiction issues and socioeconomic issues. Please note, I do not work with individuals with CSC, pornographic addictions, or other issues involving sexual violence or have been charged with sexual crimes. Should clients require psychological testing, assessment and/or medication evaluation, clients will be referred to their family physician or an outside psychologist office.

**Education and Experience:** I received my Master's degree in Professional Counseling through Spring Arbor University on May 11, 2013. I am a supervisor for LLPCs beginning the counseling profession. I have a post graduate certificate from Western Michigan University from the Specialty Program in Alcohol and Drug Abuse. I am CAADC certified via MCBAP. I completed the school counselor track program from Spring Arbor University in 2020 and am pending licensure.

**Confidentiality & Safety:** Information shared with myself by clients is confidential. Licensed professional counselors (LPCs) must adhere to the American Psychological Association Code of Ethics regarding confidentiality. LPCs must report to the proper authorities, and has a duty to warn anyone that threats are made against, agencies or individuals if one or more of the following situations occur: When harm to self or others is clear and imminent, when child abuse, elderly abuse or abuse of persons with disabilities is suspected, or if court proceedings compel the counselor to testify. You may also sign a release of information to disclose to a third party. In the case that a threat is made against myself, the client will be terminated and clients will be referred to a minimum of three sources in the community. I offer an encrypted email service, confidential cellphone and text. Text is limited to urgent mental health issues, cancellations and reschedules only. Please note that if your child presents to counseling and is of at least 14-years of age, the child is allowed some level of autonomy in counseling sessions. In some cases, autonomy will be allowed as consented by the child unless there is an issue of safety outlined above. In regards to Couples and Relationship Counseling, confidentiality has its limitations and will be discussed at the onset of counseling. A release of information may be asked to be signed between the two parties. You may also sign a release of information to disclose to a third party.

**Records Request:** Every request will require a signed Release of Information by the client or legal representative. Every effort will be made to provide accurate records to the client or legal representative within a reasonable timeframe.

**Requested Letters and other Correspondence:** Every request will be handled on an individual basis including Emotional Support Animal letters. A client must be a current client to request an ESA letter.

**Social Media Platforms:** Clients may like and/or follow my business social media pages for informative issues only. Personal questions or responses will not be addressed on any social media platforms. I will not accept any friend requests from clients on my personal social media platforms.

**Dual-Relationships:** In the event that therapist and client inadvertently discover a dual relationship, it will be addressed in the therapeutic setting where concerns will be discussed. Every effort will be taken to avoid a dual-relationship as to not impede the therapeutic relationship.

**Hours of Operation:** The office telephone hours are Monday-Friday 10:00 a.m. to 6:00 p.m. Clients are seen by appointment only. In the event of an emergency after hours, clients are directed to contact the on-site monitors or to call 9-1-1. My office is closed on the weekends and major holidays. Outside of these hours, I will not respond to calls or texts unless it is to reschedule, cancel or in the event of emergency or imminent danger to yourself or another person.

**Insurance Billing/Charges/Third-Party Biller:** Office fees range with a full description of prices available on request. Fees are normal and customary to the professional counseling industry. I accept most major medical insurance. Insurance will be billed and any remaining balance will be billed to the client. I accept cash, credit card and checks as a form of payment. I offer a reduced fee to uninsured based on the client's ability to pay. I accept reasonable payments towards high deductible plans. You will be responsible for signing the demographics intake form that authorizes billing insurance and information regarding the billing service, Mid-Michigan Medical Management Inc., the third-party biller.

**Unexpected Life Events:** In the event that Evolve Counseling and Holistic Wellness, LLC terminates business, clients will be notified at least one month in advance and provided referrals to other community providers. In the event of my untimely death, clients are instructed to contact their insurance company for a referral to locate another community therapist.

In the event that a client would like to file a complaint regarding my counseling services, a written complaint should be sent to the following location:

Michigan Department of Licensing and Regulatory Affairs  
Health Professions Division  
Enforcement Section  
PO Box 30670  
Lansing, MI 48909 - (517) 373-9196