

Professional Disclosure Statement
Erika Feldpausch, LMSW, PLLC
Spicer Counseling Services, PLLC
1507 Waterford Parkway St. Johns, MI 48879

Qualifications

I am pleased you have selected me as your therapist. This document is designed to inform you about my background and to ensure that you understand our professional relationship. I earned my bachelor's degree in social work from Central Michigan University in May of 2004 and then earned my master's degree in social work from the University of Michigan in August of 2005. I am licensed by the State of Michigan Board of Social Work as a Masters Social Worker, Clinical License #6801093919.

Counseling Background

Counseling is a process by which we work together to identify and work on what you bring to our sessions. My approach to counseling involves helping you to identify strengths within yourself and develop self-awareness. My therapeutic approach is eclectic combining numerous theoretical approaches and techniques including cognitive behavioral therapy, dialectical behavior therapy, family based treatment, and motivational interviewing. I work with a variety of issues including anxiety, depression, eating disorders, stress management, grief and loss, and marriage/relationship.

Counseling includes your active involvement as well as efforts to change your thoughts, feelings and behaviors. You will have to work both in and out of the counseling sessions. There are no instant, painless, or passive cures. Instead there may be homework assignments, coping exercises, writing and journaling, and perhaps other projects. Most likely, you will have to work on relationships and make long-term efforts. Sometimes change will be easy and swift, but more often it will be slow and deliberate; effort may need to be repeated. As with any powerful intervention, there are both benefits and risks associated with counseling and therapy. Risks may include experiencing uncomfortable levels of feelings such as; sadness, guilt, anxiety, anger, or frustration. Some changes may lead to what seems to be worsening circumstances or even losses (for example, counseling will not necessarily keep a marriage from dissolution). I will enter our relationship with optimism and an eagerness to work with you. I have a special interest in helping adults and adolescents with personal growth and family issues. I do not take on clients whom, in my professional opinion, I cannot help using the techniques I have available.

Session Fees and Length of Service

In return for a fee of \$170 per 53 minute counseling session (CPT 90837) or \$110 per 40 minute counseling session (90834), I agree to provide counseling services for you. Any evaluation session will be billed under the CPT code 90791 with the billable rate of \$195. Cash, credit card, or personal checks are acceptable for payment at the time services are rendered. I am paneled to accept some insurance plans such as PHP, Aetna, Cofinity, McLaren, Priority Health, BCN, and Blue Cross Blue Shield plans. With so many different insurance plans it is difficult to know exactly what your coverage will be so I suggest verifying this before your first session. You will be responsible for deductibles and co-payments according to your insurance plan at the time services are rendered. Claims will be filed by my office.

Cancellation and No Show Policy

24 hour notification of cancellation is required. There is a \$100 fee not billable to insurance for any no show or cancellation with less than 24 hour notice. Violation of this policy may result in being discharged from services.

Confidentiality

All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information.

Complaints

If you are dissatisfied with any aspect of our work, please inform me immediately. This will make our work together more efficient and effective. If you think that you have been treated unfairly or unethically, by me or any other counselor, and cannot resolve this problem with me, you can contact the Michigan Department of Licensing and Regulatory Affairs, Health Professions Division at (517) 373-9196.

Acceptance of Terms

We agree to these terms and will abide by these guidelines.

Client Name: _____ Date: _____

Client Signature: _____ Date: _____

Parent Signature _____ Date: _____
(if client is under 18)

Therapist: _____ Date: _____