

## **Professional Disclosure Statement**

### **I. Name: Lara Batayeh, MA, LLPC, CAADC-DP**

3Cs Counseling Center

43000 W 9 Mile Road

Suite 109 #2154

Novi, MI 48375

Contract work address: Fully Remote

Phone number: 248-238-8077

### **II. Qualifications:**

I am pleased you have selected me as your Therapist. This documentation is designed to inform you about my background to ensure that you understand our professional relationship. I earned my Bachelor's degree from Oakland University in Psychology and my Masters of arts in counseling from University of Detroit Mercy, specialized in Addiction studies. I am trained to work with individual and groups of ages 7+. I have 13 years of experience in working with adolescents as a Substance Abuse Prevention Specialist. In addition, I have two years of clinical experience in working with counseling clients whom struggle with all mental health and addiction. I also have over 4 years of counseling experience working with severely mentally ill underserved population under DWHIN. I have also worked in a private setting for 1+ year and have experience in both outpatient and private.

### **III. Description of Practice:**

Counseling is a process for us to work together to identify and work on what you bring to our sessions. My Therapeutic approach is Motivational Interviewing and Cognitive Behavioral Therapy (CBT) to assess where you are in your change stage and identify coping techniques to implement and develop self-awareness.

Counseling relies on your active involvement as well as efforts to change your thoughts, feelings and behaviors. You will learn techniques to help you practice and implement in and out of counseling sessions. You will work on being patient with yourself through the process and understand therapy is not a race but a marathon. Risk may include experiencing traumatic triggers that may result in increased uncomfortable feelings such as; sadness, guilt, anxiety, anger, frustration, flashbacks and etc. I as your Therapist will do my best to ensure you have a safe and supportive environment if any risks arise.

### **I. Fee Scale:**

Fees for Individual 55+ minute session is \$125. Fees for Family therapy 55+ minutes is \$140 and Couple's therapy 55+ minute session is \$160.

### **II. Code of Conduct:**

The State of Michigan requires counselors to adhere to a specific Code of Conduct that is determined by the Board of Counseling. Should you wish to file a complaint, you may do so through:

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Professional Licensing

Investigations & Inspections Division  
P.O. Box 30670  
Lansing, MI 48909  
517-241-0205

**III. Your Right to Privacy and Confidentiality:**

Your right to privacy is governed by legal and ethical guidelines. Generally, the information you share with me is not shared with anyone else with your expressed written permission. Confidentiality is broken when you are a threat to yourself (suicide) or another (assault/murder) or when I am made aware of child or elder abuse.

In each case I am required by law to report to the proper authorities. We can discuss in detail each of these instances at your request.

At times a court of law may order disclosure of confidential information. In such a case I would either request your permission, or request that the court not require the information as it would damage the counselor/client relationship and impede your healing. If required, only minimal information is disclosed.

As a limited licensed professional Counselor, I will be working under the supervision of Rebekah Dove Montgomery, Ph.D., LPC-S, license #6401013825. I will review all of my cases and ethically bound to maintain your confidentiality except otherwise specified.

**IV. Emergencies:**

Emergencies arise in people's lives. I can handle most emergencies. Please call (586) 718-9763 if you need an emergency appointment. In case of a dire emergency (suicide and Homicide, abuse or any severely ill cases) please call your local hospital or 911.

**V. Client responsibilities:**

You are expected to keep your appointments and notify me 24 hours in advance in case you wish to terminate the counseling relationship. Please notify me if you are seeing another mental health professional.

**VI. Physical Health:**

It is suggested that you obtain a complete physical exam from a qualified physician. Please disclose all past/current medications you are taking.

**VII. Potential Counseling Risk:**

As a result of counseling you may realize that there are additional issues that did not surface prior to the onset of counseling. This is an inherent risk in any counseling relationship. As one-person changes in any relationship, stresses and strains are created. This is part of the counseling process and is dealt with within the counseling relationship. I as your clinician care about your mental wellbeing and will ensure you receive the most effective services at 3Cs Counseling.

**VIII. Supervision:**

As a limited Licensed Professional Counselor, I will be under supervision with Rebekah Dove Montgomery, Ph.D., LPC-S, license #6401013825 for 3Cs Counseling.

SIGNATURES:

I have read and understand the Declaration of Practices and Procedures.

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist: \_\_\_\_\_ Date: \_\_\_\_\_  
Lara Batayeh, LLPC, CAADC-DP