

PROFESSIONAL DISCLOSURE STATEMENT

I. Identification:

Nedra Smith, MA, LPC, MSW, LLMSW, ADV-MBM Practitioner
14 Douglas Battle Creek, MI 49014
269.358.0271
Mirgunitied@gmail.com
Michigan Permanent I.D. No. 6451015959

II. Qualifications:

I received a Bachelor of Arts Degree in Business Communication Management from Jones International University in 2007, a Master of Art Degree in Counseling Psychology/Professional Counseling from Western Michigan University in 2010. In addition, in 2016, I received a master's degree in social work from Spring Arbor University.

III. Description of Practice:

I am currently a 1099 contracted employee with West Michigan Psychological Services and 3C Counseling Center. Sessions are 45 minutes in duration for individuals. Sessions are held once a week or bi-weekly. Services are offered virtually and in person in the State of Michigan.

IV. Experience:

I have experience working with individuals, adolescents and young children with anxiety, low self-esteem, thought disorders and a variety of mental and behavioral concerns. I also support clients to achieve personal, academic, and career goals. I use a variety of clinical evidenced based techniques. Theories utilized include, but are not exhaustive are CBT, Financial Therapy, Narrative Therapy, Trauma-Informed Care, Solution-Focused, Problem-Solving Techniques. All according to my scope of practice.

V. Fee Scale:

Fees range from \$80-175 per session. Sessions range between 30-60 minutes. You are responsible for the fee(s) in the case that your insurance does not cover it. I am currently scheduling for telehealth services. Office hours are by appointment only. In the case that you must cancel your appointment please do so with at least 24 hours' notice. For late cancellations and no shows, you will be billed \$65.00, except in cases of emergency. If you are having a life-threatening crisis and cannot reach me, please call 911 for immediate emergencies and 211 for Community Resources.

VI. 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**

VII. 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 without your expressed written permission. Confidentiality will be 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.

VIII. Emergencies:

In case of emergencies, you may call if you need an emergency appointment. In case of a dire emergency (suicide attempts, panic attacks, medical emergencies) Anxiety attacks, etc.) please seek attention at your local hospital or 911.

IX. Client responsibilities:

You are expected to keep your appointments and notify me if you wish to terminate the counseling relationship. Please notify me if you are seeing another mental health professional or would like to change therapist.

X. Physical Health:

It is recommended that you obtain a complete physical exam from a qualified physician. Also, please disclose all medications you are currently prescribed and/or taking.

XI. 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 can occur. This is part of the counseling process and will be discussed within the counseling relationship.

XII. Signature:

Name: Ned [Signature] Date 2/07/2025