**Professional Disclosure Statement**

**Limited Licensed Professional Counselor**

**Sidney R. Bohanen**

**43000 W 9 Mile Rd**

**Novi Michigan 48375**

**Phone: (248) 238-8077**

 **Purpose of This Statement**

This document is intended to inform you about my qualifications, the nature of our counseling relationship, and important policies so you are well-informed as we begin our therapeutic process. Please read carefully and do not hesitate to ask questions.

 **Description of Practice**

My therapeutic approach is primarily influenced by the Humanistic-Person-Centered methodology and Mindfulness-Based Cognitive Behavioral Therapy (CBT). I aim to foster a comfortable and supportive environment, where a trusting and collaborative relationship can form between the counselor and client. This relationship is essential as it enables us to explore concerns, set meaningful goals, and work together towards these objectives.

While I cannot resolve your difficulties as a counselor, I can support you in facilitating your change and personal growth, provided you are actively engaged in the therapeutic process. During our sessions, you may be assigned tasks outside of therapy, such as reading or practicing new skills. It's also important to recognize that you might experience discomfort, including emotions like anger or frustration, before feeling better. Consequently, it is essential to understand that no specific outcomes can be guaranteed through counseling.

 **Education and Experience**

I hold a Master of Science in Professional Counseling (M.Sc.) and a Bachelor of Science in Psychology (B.Sc.) from the University of Phoenix. My education included 700 hours of supervised practicum and internship experience at Re-Connect My Life Counseling, where I provided both individual and group therapy for children and adults in both Telehealth and private practice settings.

I am dedicated to delivering high-quality counseling services across various demographics, addressing issues such as trauma, depression, and anxiety, focusing particularly on behavioral concerns stemming from emotional and mood dysregulation. I possess specialized expertise in providing psychoeducation and coordinated services for individuals in foster care, those dealing with substance use issues, and adults who experience persistent mental health challenges, including Post-Incarceration Syndrome.

My accumulated experience includes 3,000 hours of post-degree training under the supervision of Dr. Chanel Johnson, PsyD, LPC, and Valerie Brenneman, MA, LPC, CAADC, NCC.

 **Fees**

The fee for counseling services is $100 per 50-minute session. Appointments can be scheduled by phoning (810) 515-1931 or (989) 271-5201. Cancellations require 24 hours' notice to avoid charges, and no cancellation fee applies if you do not attend your appointment.

 **Code of Conduct**

As a licensed professional counselor in Michigan, I am obligated to follow a prescribed Code of Conduct as set by the Board of Counseling. If you have a concern about my services, you may submit a written complaint to:

**Michigan Department of Licensing and Regulatory Affairs**

**Bureau of Professional Licensing**

**Investigations and Inspections Division**

**PO Box 30670**

**Lansing, MI 48909**

**Phone: (517) 241-0205**

 **Supervision**

As a Limited Licensed Professional Counselor, I am under the supervision of Dr. Chanel Johnson, PsyD, LPC, and Valerie Brenneman, MA, LPC, CAADC, NCC. You may reach them at (313) 200-4626 (Dr. Johnson) or (248) 826-2867 (Mrs. Brenneman) should you have any questions or concerns.

 **Professional Boundaries and Confidentiality**

Therapy sessions are a professional relationship, not a social one. While we may explore personal matters deeply, it is important that we maintain appropriate boundaries. I assure you that confidentiality is paramount; however, there are rare exceptions when I must breach confidentiality, such as instances of suspected abuse, threats of harm, or court orders for disclosure.

 **Length of Sessions**

A standard session runs between 45 to 60 minutes and generally occurs weekly, based on your needs. The duration of counseling varies significantly, often ranging from 6 to 12 months or more. You may opt to discontinue therapy at any time, but I recommend discussing a proper exit strategy.

 **Fees and Payment Policy**

You are required to keep a valid payment method (credit, debit, or HSA card) on file for all transaction purposes including session fees charged at the time of service. Counseling fees are as follows:

**Initial Intake Session (53+ minutes): $195**

**regular Individual Session (53+ minutes): $175**

**Couples Session (53+ minutes): $190**

**Family Session (53+ minutes): $200**

Additionally, a sliding scale may be available depending on financial needs. Please inform me of any payment concerns ahead of time so we can arrange a suitable plan.

 **Cancellation and No-Show Policy**

A no-show fee will be applied if you miss an appointment without notice. The policy is as follows:

Cancellation with 24-hour notice: No fee

Late Cancellation (24 hour): Full session fee

No-Show: Full session fee

For persistent lateness in canceling or missing appointments, I maintain the right to close your file due to a lack of engagement.

**Communication Outside of Sessions**

Please be aware that communications through text or email may not be secure. I advise against sharing sensitive information through these channels. In case of an emergency, please contact emergency services directly.

 **Risks and Benefits of Counseling**

Venturing into therapy is a courageous step, which may occasionally yield discomfort as you confront and work through complicated feelings. The benefits, while meaningful, require commitment, truthfulness, and a willingness to change.

 **Acknowledgment**

By signing below, you indicate that you have received and comprehended this Professional Disclosure Statement.

**Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Should you have any questions or need further clarification, please feel free to reach out to me directly. I look forward to partnering with you on your path to healing and growth.