**Professional Disclosure Statement**

**Chey Davis, MA, MSW, LMSW-C**

**Licenses: LMSW-C #6801119196**

**3Cs Counseling Center PO Box 7119, Novi, MI 48376**

**Direct line: 248.397.5075**

This information is intended to inform you about my professional background and to describe certain aspects of our therapeutic relationship. Please read it carefully and feel free to ask any questions you may have.

# Qualifications

In 2022, I obtained a Master of Social Work degree, Clinical track, from Michigan State University.

Prior to completing the Social Work program at MSU, I obtained a Master of Arts degree in English Language and Literature from Central Michigan University in 2003. After that graduation, I taught College English at Lansing Community College, in Lansing, Michigan, and Delta College in University Center, Michigan.

# Supervised Practice

My practicum and internship experience (totaling over 4000hours) were completed under the supervision of Nedra Cannon LMSW, ACSW (License # 6801086618).

# Counseling Background & Process

My counseling work has been with all client populations including children, adolescents, and adults. I have worked with couples, have co-facilitated affinity groups, and created and delivered CEs for Professional Social Workers

My approach is person-centered and eclectic as each individual brings unique and independent needs. I've included psychodynamic therapy, mindfulness interventions, narrative therapy, Womanist, feminist, and Queer theories, Systems theories, positive psychology, and many other approaches in an effort to both address here-and-now concerns as well as identify patterns that have persisted throughout the lifespan.

Working in session with me is a fully body experience. We will work to “make the implicit, explicit.” whether that be excavating and restoring childhood experiences, or current interactions with dominant systems. We may incorporate some somatic noticing to help ground your experiences and support you in recognizing emotions and their presentations in your body. The goal with this approach is to support your work between sessions and improved your lived experiences and relationships.

As a Queer Black American Woman who is also a fundamentalist-in-recovery, I have intimate knowledge of managing marginalization stress. I work to support people who feel marginalized, overwhelmed, or stuck in their work lives and their relationships. My clients are working to find more functionality in all kinds of relationships, to accept themselves more fully, and to learn ways to reach for what they want out of life.

# Professional Boundaries

Although our sessions may be very intimate emotionally and psychologically, please understand that ours is a professional relationship rather than a social one. Maintaining professional boundaries for both the client and counselor is a vital component in the therapeutic relationship, and I will uphold these boundaries in order to ensure a positive therapeutic outcome. Of special importance to note here:

## Limits to Confidentiality

I consider my clients' confidentiality of the utmost importance and will keep confidential anything you say as part of our counseling relationship. However, there are a few rare circumstances in which I may be required to break confidentiality, including: (a) You disclose information that leads me to believe a child, disabled person, or elderly person is being abused or neglected; (b) It is deemed you are in danger of causing harm to yourself or others; (c) I am ordered by a court to disclose information. (In unusual cases a client's involvement in a custody or criminal dispute may lead to me receiving such an order from the judge or another court representative.)

I also have a responsibility to uphold Michigan's Public Act 119, Section 330.1946.

I will make every effort to preserve your anonymity whenever possible; however, note that our communication becomes part of your clinical record, which is accessible to you upon request.

## Public Encounters & Personal Invitations

Should we cross paths in a public space, please be advised that I will not initiate any form of contact with you as my client, verbally nor nonverbally. While this may come across as rather cold and impolite, please understand I am simply being mindful of your right to privacy. It is entirely up to you if you would like to initiate contact with me. Similarly, I may decline an invitation to be present at a personal event.

## Gifts

I am unable to receive gifts of any monetary value as this could constitute a dual relationship, which complicates the therapeutic alliance and could constitute an ethical violation. Similarly, I am unable to offer gifts to clients. Thank you for understanding.

## Length of Service

A typical session lasts 45-60 minutes, and most meetings take place on a weekly basis, depending on a client's need. The duration of counseling varies widely among clients and depends, again, largely on your individualized needs (with most clients benefiting from 6-12 months or more of consistent attendance). You may choose to terminate therapy at any time, but I strongly suggest that we have a final session so we can develop an aftercare plan together. It is also important to note the late cancellation and no-show fees listed below.

Please note, should you wish to take a break from therapy, the same protocols as termination will be followed. I am unable to keep your file as this could pose liability concerns. More often than not, I also have a waitlist for new clients, so this promotes fairness in treatment accessibility.

## Fees & Terms of Payment

This practice requires that you keep a valid credit, debit, or HSA card on file as well as an insurance card, if applicable. Your payment card will be charged for the amount due at the time of service and for any fees you may accrue unless other arrangements have been made with the practice ahead of time. It is your responsibility to keep this information up to date, including providing new information if your payment or insurance details change or if your account has insufficient funds to cover these charges.

You will be required to pay session fees at the time of service and may opt to pay additional fees for services outside of sessions at any time (see fees below). The costs of treatment are included in this professional disclosure statement as well as the clinician's marketing materials, including the practice's website, [www.3CsCounselingCenter.com.](http://www.3cscounselingcenter.com/) You should ask your insurance provider in advance if part or all of these fees will be covered.

3Cs is able to take select insurance plans or put into place a private pay arrangement. Most debit and credit cards are accepted.

I personally strive to make mental health services affordable and accessible to all. Sliding scale and payments plans are available for those in financial need, and scheduling arrangements that will reduce out-of- pocket fees can also be discussed (e.g., limiting sessions to 30 minutes or meeting less frequently). Please discuss any financial concerns or changes in advance, whenever possible, so we can come up with a viable solution and there is no disruption in your care.

## 2025 Fee Schedule (Subject to Change)

The follow represents standard out of pocket private pay costs (please remember to check with your plan to ensure you're covered if you plan to use insurance):

Intake Sessions (53+ minutes): $195

Regular Session, Individual (53+ minutes): $175

Regular Session, Couples (53+ minutes): $190

Regular Session, Families (53+ minutes): $200

# Attendance

While results cannot be guaranteed in therapy, consistent attendance and active engagement tend to result in the best possible treatment outcomes. Inconsistent attendance makes it much more difficult for therapy to be beneficial. Failing to follow through with implementing tools in between sessions will also limit the potential for positive change. This is why it is important to keep scheduled appointments and maintain consistency in scheduling whenever possible, while actively applying the insight and strategies discussed in session to your everyday life.

## Late Cancellation & No-show Fees

The following late cancellation and no-show fees will apply:

**Cancellation made up to 24 hours before session:** No fee

**Cancellation made in less than 24 hours before scheduled session ("late cancellation"):** Full session fee

*\*Please note, after a third late-cancellation*, *clinician reserves the right to close a client's file due to lack of engagement. Once closed, if choosing to return, the regular intake fee will be charged at the first return session. See "Closing Files After Missed Sessions" below for more information.*

**No-Show Fee:** Full session fee

*After a second no-show, the clinician reserves the right to close a client's file due to inactivity. Once closed, if choosing to return, the regular intake fee will be charged at the first return session. See "Closing Files After Missed Sessions" below for more information.*

**Balance accrual:** You should inform your provider if you are temporarily unable to pay for your sessions in order to inquire about alternative payment options and arrangements. If a plan is not promptly put into place and a balance begins to accrue, you will be charged 10% interest after 30 days of delinquency or after 3 sessions, whichever comes first. This will apply to the total outstanding balance. After 45 days of delinquency, or 5 sessions, whichever comes first, clinician reserves the right to close a client's file and send the outstanding balance to collections.

# Miscellaneous Fees

**General Letter Writing Fee (single page):** $50 per letter for service coordination and similar, non-legal matters

**Proof of Diagnosis/Evaluation Letter (single page):** $50 **Legal/Court-related Matters:**

**Attendance Verification (single page):** $50 per verification

**Character Letters (single page):** $75 per letter

**Formal Court Appearances (by direct judge’s order only, no subpoenas; for current clients only):** $295/hour + travel-related expenses

**Emotional Support Animal Letter:** Requires a full evaluation prior to writing the letter. The evaluation fee is $150 and the letter writing fee is $50.

 **All Other Letters:** Please inquire about my ability to provide other types of letters and the associated fees.

# Court Appearances

I ask that my clients do not subpoena me to court and, by signing this professional disclosure statement you fully understand and agree to these terms. The only exception is an appearance by a formal, authentic, signed judge’s order, a hardcopy of which was physically mailed to me directly by the court. I will appear by judge’s order only for current clients in cases where the court deems my appearance necessary. I will never appear for any third parties, including ancillary or opposing parties. In cases where a judge’s order was issued, my appearance fee is $295/hour plus travel-related expenses.

Please note, I cannot give custody recommendations as this is beyond the scope of my license and professional training. I can help you find a trained custody evaluator, if necessary. If you require a mental health and/or substance use assessment, I can help you find a psychologist who is licensed to perform these assessments and can do so objectively.

# Your Responsibilities Regarding Insurance Coverage

Before starting therapy, it is your responsibility to confirm with your insurance company all of the following:

* Covered vs. non-covered services on your policy;
* Your benefits cover the specific type of therapy you will receive;
* Your benefits cover both in-person and telehealth sessions;
* The amount of your deductible, coverage limits, and applicable co-pays, co- insurance, or other outof-pocket fees.

# Closing Files After Missed Appointments

As mentioned previously, lack of engagement makes it very difficult for progress to be made. Life, however, can be unpredictable, from time to time, unforeseen circumstances arise. It is important to also make every effort to contact the practice in advance if you need to cancel or reschedule.

If you find that you must cancel or reschedule an appointment, contact me at 248.397.5075 or

3CsCouselingCenter@gmail.com at least 24 hours in advance to avoid paying an additional fee. It is my policy that if I do not hear from you within 24 hours of a second no-show, your file will be closed, and services will be considered complete. The missed session(s) fees will be charged, and if you choose to return to therapy, I cannot guarantee that an opening will be available. If returning, an intake session will be held, and you will be responsible for the associated intake session fee.

# General & Emergency Communication

With your permission, I may use text or email to communicate with you. Note that these are not secure forms of communication, and while 3Cs Counseling Center has a signed BAA with Google Workspace to remain HIPAA compliant, confidentiality cannot be guaranteed. Please do not send information that you wish to remain strictly confidential in an email or text, including personal health information (PHI). Let me know if you would like to send a file containing PHI by calling 248.397.5075, and I will send a link to do so. Similarly, please also do not send a message via email or text if your message requires immediate attention. Instead, call 248.397.5075.

In the event of a crisis or emergency, please dial 988 or 911 or go to the nearest hospital emergency room.

# Effects of Counseling: Risks & Benefits

Embarking on a counseling journey is a brave undertaking that is meant to challenge you at times. The process may open up levels of awareness that could cause psychological discomfort as you work through them, the level of which is highly individualized, and the process of change can be a difficult one. While working through this at your own pace has the potential to yield very meaningful benefits, you always have the right to refuse to participate in therapeutic techniques, and I welcome open, honest, in-the- moment communication about how you're feeling whenever possible.

Given the nature of counseling, it is difficult to predict exactly what will happen in terms of therapeutic outcome or to provide an estimate of the time required for a client to reach their personalized goals. That being said, clients who are open to the process of change and the challenges that come with this, are consistent with attending sessions, and are willing to work on their goals in real-time, outside of sessions, tend to benefit the most.

## Use of Diagnosis

Some health insurance companies will reimburse for counseling services, and some will not. Similarly, some insurances will reimburse for tele-mental health sessions, and some will not. Please note that most insurances require a formal mental health diagnosis to be made in a client’s file in order for a claim to be reimbursed. In other words, you must have an “illness” for your sessions to be covered. If you do not want a formal diagnosis to be added to your chart, please inquire about private pay options prior to your intake session.

Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, you have the right to ask me about this. Any diagnosis made will become part of your permanent insurance records and may have ramifications in terms of policy and out-of-pocket costs as well as long-term insurability.

## Complaints

Although clients are encouraged to discuss any concerns directly with me, you may file a complaint against me with the organization below should you feel I am in violation of the American Counseling Association Code of Ethics, National Board of Certified Counselors Codes of Ethics, or the International Certification & Reciprocity Consortium (IC&RC) Code of Ethics. Please note the address and phone number below should not be used for any other purpose.

**Michigan Department of Licensing and Regulatory Affairs Bureau of Professional Licensing Investigations**

**& Inspections Division**

**PO Box 30670 Lansing, MI 48909**

**Phone: 517-241-0205**

**Client acknowledges receipt of this Professional Disclosure Statement, has carefully read through all of the terms of engagement herein, and fully understands and agrees to these terms. The client’s signature below represents informed, uncoerced consent.**

**Client Signature:**

**Date Signed:**  