

Professional Disclosure Statement

Kayla Giltz LMSW, IMH-E

3C's Counseling Center

43000 W. 9 mile Rd

Suite 109 #2154

Novi, MI. 48375

Contract work address: Fully Remote

Phone number: 586-604-9432

Welcome! I am pleased you have selected me as your therapist and am honored to work alongside you through your journey of growth and healing. This documentation is designed to inform you about my background to ensure that you understand our professional relationship and to answer some commonly asked questions about the therapeutic process.

I. Qualifications:

I earned my Bachelor of Social Work from Oakland University and my Master of Social Work from Michigan State University. I hold an Infant Mental Health Endorsement (IMH-E), have been trained in Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and am currently in the process of obtaining my statewide certification. I have 10 years of experience in working with adults, families, children and adolescents in various settings through individual and group therapy.

II. Description of Practice:

My therapeutic approach consists of utilizing Motivational Interviewing and Cognitive Behavioral Therapy (CBT) to assess where you are in your stage of changes, identify coping techniques to implement, and develop self-awareness and perspective. In addition, my training in TF-CBT and IMH allows me to provide specialized support to individuals navigating trauma, attachment and emotional well-being.

Therapy relies on your active involvement as well as efforts to change your thoughts, feelings and behaviors as we process together to identify and work on what you bring to our sessions. 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 this process and space of self-reflection. Risks may include experiencing traumatic triggers that may result in increased uncomfortable feelings such as sadness, guilt, anxiety, anger, frustration, flashbacks etc. As your therapist I will do my best to ensure you have a safe, supportive and non-judgmental environment if any risks arise.

III. Fee Scale:

Payment for services is an important aspect of any professional relationship. You are responsible for seeing that services are paid in full. This prevents you from having a past-due balance and keeps our therapeutic relationship free of undue financial tension. Payment for services is expected at the beginning of each session.

Preparation of Summaries of Treatment or Letters at request of client: \$75 per item requested.
Fees for Individual 53+ minute session, \$125
Fees for Family therapy 53+ minutes, \$140
Couple's therapy 53+ minute session, \$160.

IV. Code of Conduct & Complaints:

Just like in any other relationship, problems could arise within ours. If you are not satisfied with any area of our work together, I invite you to first communicate your concerns to me directly so that I will be informed and have an opportunity to respond and resolve any potential issues. As a licensed mental health professional, I follow the ethical guidelines outlined by the National Association of Social Workers (NASW) and the state licensing board. Should you wish to file a formal 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

V. Your Right to Privacy and Confidentiality:

The most unique aspect of the therapeutic relationship is confidentiality, and I treat what you tell me with great care. My professional ethics prevent me from telling anyone else what you tell me unless you give me written permission. There are times when the law requires me to share specific things such as the following: If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat and attempting to protect you and/or others. If I have reason to believe a child or any elderly adult has been or will be abused or neglected, I am legally required to report this to the proper authorities. We can discuss in detail each of these instances at your request.

VI. Court Proceedings:

I ask that my clients do not subpoena me to court nor subpoena my records; by signing this professional disclosure statement you fully understand and agree to these terms. This policy is set in order that I can preserve the integrity of our relationship. 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. Cases where a judge's order was issued, my appearance fee is \$175/hour plus travel-related expenses.

Please note, I cannot give custody recommendations as this is beyond the scope of my license and professional training.

VII. Emergencies:

As a private practitioner, I am not on call or available 24 hours a day. You may call me during business hours at my office number and leave confidential voicemail. I will make every attempt to call you back within 24 hours for an emergency session. If a situation should arise in which you believe that immediate help is needed and I am not available or you have a life-threatening emergency, contact your primary care physician or any hospital emergency room, or 911.

VIII. Attendance:

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.

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

Cancellation made up to 24 hours before session via phone or email: 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.

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.

IX. 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.

X. Potential Risk:

As you embark on this counseling journey you may find yourself aware of additional issues that did not surface prior to the onset of therapy. At times you could experience psychological discomfort as you work through challenges and the process of change can be a difficult one. This is an inherent risk in any therapeutic relationship and while working through this at your own pace, I welcome open, honest communication about how you're feeling whenever possible. As your clinician, I care about your mental wellbeing and will ensure you receive the most effective services at 3Cs Counseling.

SIGNATURES:

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

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

Client: _____

Date: _____

Client: _____

Date: _____

Therapist: _____
Kayla Giltz, LMSW IMH-E

Date: _____