Keisha McDonald, MA, MS, LLPC, CATP

License # 6451018534

**Professional Disclosure & Consent Statement**

Authentic Expressions Counseling Café

Phone:616-420-4688

1. **Qualifications:**

I hold a Master’s degree of Arts in Psychology from The University of Phoenix and a Master’s degree of Science in Clinical Mental Health Counseling from The Chicago School of Professional Psychology. I am trained to work with children, individuals, and families. I am under the supervision of Wesley Morgan, LPC of Renewed Counseling. I am a clinician at Renewed counseling and at my private practice MADD Healing and Life Coaching.

1. **Description of Practice:**

Authentic Expressions Café Counseling provides traditional and non-traditional forms of counseling. This form of counseling takes place outside of the therapist’s office in a more informal setting providing a less stressful and intimidating atmosphere. Counseling doesn’t have to be an uncomfortable experience. Counseling is a relatively short-term, interpersonal; theory based professional activity guided by ethical and legal standards that focuses on helping persons resolve developmental issues, situational problems, and more complex personal diagnosis.

The general goals for the client are that he or she can identify the issues, develop a plan of action, and then implement that plan. This is a very personal process. It is educational and developmental by nature.

I believe in a holistic approach where the client(s) have the solutions to their dilemmas within oneself. We have the freedom to choose what directions our life takes and the responsibility to take control of that freedom. Therefore, the counselor does not have the “answers” to the client’s “problem” but is a facilitator of the process that helps the client take responsibility and action to assist in reaching a resolution.

As a Licensee of the Michigan Board of Licensed Professional Counselors and Therapists, I abide by its Code of Ethics. The Michigan Counseling Association upholds the guidelines set forth by the American Counseling Association (ACA) and American Mental Health Counselors Association (AMHCA). To maintain my license, I am required to participate in continuing education, taking classes dealing with subjects relevant to this profession.

1. **Fee Scale:**

Consultations are 15 minutes and free. Initial Counseling services are $190 for the assessment. Sessions are $160 for 45-55-minute session. All insurances are accepted as well as cash, check or charge. Appointments can be made by calling 616-420-4688. I ask for 24 hours notice if you cannot make an appointment.

1. **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 Community Health, Complaint & Allegation Division

P.O. Box 30670, Lansing, MI 48909 (517)373-9196

1. **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 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.

1. **Emergencies:**

Emergency appointments are available if needed. You are welcome to call me at (616)-420-4688 if you need an emergency appointment. In case of a dire emergency (suicide attempts, anxiety attacks, etc.) please go to your local hospital or call 911. The suicide hotline is also an available resource to assist during these emergencies at 1-800-273-TALK.

1. **Client responsibilities:**

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

1. **Physical Health:**

It is suggested that you obtain a complete physical exam from a qualified physician. Also, please disclose all medications you are currently taking.

1. **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.

1. **Supervision:**

As a limited licensed professional counselor, I am working under the supervision of Wesley Morgan, LPC of Renewed Counseling, with whom I review all my cases with. Mr. Morgan is ethically bound to maintain your confidentiality except otherwise specified. Should you have any questions you may contact Wesley Morgan at (616)-219-8539.

SIGNATURES:

I have read and understand the Declaration of Practices and Procedures and I consent to the free consultation at Authentic Expressions Counseling Cafe.

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

Therapist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

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