



Professional Disclosure Statement

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INTRODUCTION

Welcome to **Branch Counseling** where problems can be solved, hearts can be healed and families can be mended with individual, marriage or family counseling. The goal of the Branch Counseling is to connect people with the vine. "I am the vine and you are the branches," John 15:5a. "Apart from *Me* you can do nothing," John 15:5b. As individuals connect with the true vine, mending can take place. This connection enables us to find God's fulfillment for life: physically, socially, spiritually, and emotionally. I would like to help you on your journey in finding this fulfillment. This statement is designed to give you information about Branch Counseling and information about myself. In addition, it is imperative that you understand our professional relationship.

ABOUT

I attended Spring Arbor University and received a BA in Family Life Education and a MA in Counseling. I am Licensed as a Professional Counselor (LPC) in the State of Michigan and I also am a Certified Advanced Addiction Counselor, (CAADC). I have experience with individual, group, and didactic therapy in Addictions and with Mental Health Issues. Branch Counseling has been in existence since 2005. I also have experience in Dialectical Behavior Therapy. I am a Certified Pre-Marital Counselor and Marriage Counselor through the American Association of Christian Counseling.

I have been married since 1970 and I have been a Christian since 1983. I have found that walking with the Lord is an exciting journey that can be very fulfilling. As I have matured I have found that life is not without problems. Sometimes a person gets stuck and may need help to get past the problem. I have found that the worldly view of correcting problems can cause deeper hurts. I would like to offer help from a Christian point of view. As we look at our problems from God's perspective we can find the healing we desire, resulting in a fulfilled life with God.

As we journey together to find this fulfillment realize that this takes a lot of work and a lot of healing. Sometimes life seems to get worse before it gets better. Change can be difficult for both the client(s) and the family. Some of the styles of therapy that I use are cognitive, family systems, skills training, dialectical behavior therapy and behavioral therapy. Not only will we work during the sessions but also there may be homework assigned to you during the week.

The assessment session is 50 - 60 minutes, the sessions are 50 minutes in length and usually the client will be seen weekly. You have a right to terminate your sessions at any time, but I ask that you discuss it with me first so we can talk about possible consequences. If you are dissatisfied with my work, please inform me immediately. This will make our work together more efficient and effective for you. If I see that I am unable to help you I will give you a referral. For complaints, you may contact Michigan Department of Community Health, Complaint and Allegation Division, P.O. Box 30670, Lansing, MI 48909, (517) 373-9196.

FEES

- The first assessment session is 1 hour with the fee of \$210.00
- Fees for each session thereafter are \$160.00 at each session
- Family session with the client are \$150
- Family session without the client are \$125
- Online E-Appointment \$100

If there is a financial need then we can use a sliding scale that is based on your family income. I can help you with the billing, if you have insurance. However, **you are responsible for what your insurance does not cover.**

- Co-payments and deductibles are due at the time of session.
- If you choose to stop your sessions your balance is due immediately.
- There is a 100% session fee if cancellation made less than 24 hours before session which insurance will not pay.

PAYMENTS

The credit card information that you provide will be billed with the missed session fee. If you miss a session, any future appointments will be removed from the schedule until your balance is paid. You may lose your preferred spot.

Credit card info will be gathered below and put in your secure contact info. This may be used to pay any copays, deductibles or missed session fees. If your credit card info changes, you are agreeing to provide the necessary changes so that your contract information will stay updated.

E-APPOINTMENT

Convenient online sessions (E-Appointments) are available, which is HIPAA compliant for your security. You may choose the E-Appointment, if you live a distance from the office, weather is bad, you are ill and/or contagious, or other possible reasons we may discuss. The online sessions fee is \$100. Sliding scale may apply depending on your household income. More information can be found at <https://www.branchcounseling.com/e-appointment/>

- When it is time for your E-Appointment you will be contacted, and given a secure link to follow for your session.
- You will need a computer or tablet with a camera.
- You may also download the app from the Google PlayStore or App Store for Google Meet for your phone or tablet.
- You will need to be sure to have a quiet place for your private session where you are not interrupted or distracted by other people or animals.
- This service is paid immediately following the session. Your credit card information will be required to be on file and will be used to pay for the online sessions.
- You will have completed your Intake Session with required forms

CONTACT

Referrals are always welcome and greatly appreciated. You may leave me a message at 517-256-6751.

Calls will be returned Monday through Thursday, unless you state that it is urgent. Please indicate if this is urgent in your message as well as what you are calling about and the best time to return your call. I will return your message as soon as possible. **If you are dealing with an emergency please call 911.**

CONFIDENTIALITY

Our conversations and notes I prepare are confidential.

I will make every effort to protect your confidentiality, with the exception of

- (1) suspicion of child abuse,
- (2) danger to yourself or others,
- (3) records subpoenaed by the court,
- (4) consultation with others as peer support, and
- (5) if client(s) give a release for information.

(If I am dealing with minors, please understand that I will share information with the guardian only by permission of the minor or if I suspect a presenting danger to the minor or others.)

YOUR SIGNATURE PAGE AND CREDIT CARD INFORMATION

Your signature on the line below indicates that you have read this disclosure in full, that it has been discussed, and that you agree to and understand it in its entirety. Your signature also indicates your willingness to allow me to gather information about you as I feel it is necessary.

| | |
|---------------|-----------|
| _____ | _____ |
| Printed Name | Signature |
| _____ | _____ |
| Email Address | Date |

CREDIT CARD INFORMATION

| | |
|-------|-------------------------|
| _____ | Card Number |
| _____ | Name On Card |
| _____ | Expiration Date on Card |
| _____ | CVV / SECURE CODE |