

Stacey M Williams MA L.P.C.

License # 6401012105

Phone: (248) 842-2310 Email: trvtherapyservices@gmail.com

PROFESSIONAL DISCLOSURE STATEMENT

DESCRIPTION OF PRACTICE:

As a Trauma Focused Therapist, my practice includes a unique approach to understanding and resolving trauma memories for Individuals (Adults and Children), Families, and Groups. My approach to Counseling is individualized and Strength-Based. With those I work with, the goal is transformation and increased skills in dealing with problems of coping and living life to its fullest. All dimensions of an individual's life are accessed including spirituality.

EDUCATION AND EXPERIENCE:

I have earned a Master of Arts (MA) degree in Counseling from Spring Arbor University. My clinical experience has provided me with skills in working with a variety of people, situations, and difficulties. I continue with ongoing education and training to increase my abilities and skills in my practice of counseling.

FEES:

Sessions are \$120 and Up per clinical hour (50 min) of counseling. A sliding scale according to a person income and ability to pay may be considered in cases of need.

CONFIDENTIALITY:

All information shared will be kept *confidential* with the following *exceptions*;

- a) If I believe you are a *danger* to yourself or someone else
- b) If you give me *written permission* to disclose information
- c) In the case of *abuse* to a child or an elderly person confidentiality will be waived
- d) If the information is court ordered
- e) If you desire to seek reimbursement from a managed care company, the disclosure of confidential information may be required for reimbursement
- f) In case of a *Medical Emergency*

In the event that a client would like to file a complaint regarding my counseling services, a written complaint should be sent to the following location:

Michigan Department of Licensing and Regulatory Affairs

Enforcement Division, Allegations Section

P.O. Box 30670

Lansing, MI 48909

(517) 373-9196