

Professional Disclosure Statement

I. Name and Address: Caren E. Field Phone: (231) 660-1017
The Path to Partnership
812-D S. Garfield Ave.
Traverse City, MI 49686

II. Qualifications:

I earned a masters of arts in Counselor Education: Marriage and Family Therapy from Western Michigan University and a limited license from the State of Michigan in Marriage and Family Therapy. Currently, I am a limited licensed professional counselor. I am trained to work with individual, couples, and groups. I have extensive knowledge of the differences between men and women, conflict resolution and improving communication skills, as well as anger issues, domestic violence and abuse. I bring with me over 4,000 hours of counseling experience working with over 800 clients.

III. Description of Practice:

Counseling involves the sharing of personal problems, concerns, and stories with a professional who is skilled at helping the client or clients come to a resolution or solution about the particular situation. Counseling is a relatively short-term, interpersonal, theory-based professional activity guided by ethical and legal standards that focuses on helping people resolve developmental issues, situational problems, and more complex personal diagnoses.

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.

My understanding of counseling comes from many different theoretical orientations. I believe that clients have the solutions to their dilemmas within themselves. 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 and come to a resolution.

IV. Fee Scale:

Counseling services cost \$150 per 50 minute session. Appointments can be made by calling (231) 660-1017. I request 24 hours' notice if you cannot make an appointment or a cancellation fee may be charged.

V. 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 Licensing and Regulatory Affairs
Health Professions Division
Enforcement Section
P.O. Box 30670
Lansing, MI 48909
(517) 373-9196

VI. 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 will be 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.

As a limited Licensed Professional Counselor, I am working under the supervision of Nick Erber, MA LPC ACS. This means, I review all my cases with Mr. Erber, who is ethically bound to maintain your confidentiality, except as otherwise specified.

VII. Emergencies:

Emergencies arise in people's lives. You can handle most emergencies. You are welcome to call me at (231) 660-1017 if you need an emergency appointment. In case of a dire emergency (suicide attempts, anxiety attacks, etc.) please call your local hospital or 911.

VIII. Client responsibilities:

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

IX. 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.

X. 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. Also, couples counseling also may involve certain risks. 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.

XI. Supervision:

As a limited Licensed Professional Counselor I am under the supervision of Nick Erber, MA LPC ACS. Should you have any questions you may contact Mr. Erber at (231) 886-0808.

I agree to supervise Caren E. Field, MA, LLPC for the required post-degree counseling experience.

Nick Erber, Ph.D., LPC
License # 6401009989

SIGNATURES:

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

Client: _____

Date: _____

Client: _____

Date: _____

Therapist: _____

Date: _____

Caren E. Field, MA, LLPC