



PROFESSIONAL DISCLOSURE STATEMENT

Covenant Counseling

212 W. Wackerly Rd. Suite 200 • Midland, MI 48640
Phone: (989) 835-8344 FAX: (989) 837-8655 • Web: CovenantCounseling.net

Thank you for the honor to serve you. The Michigan Public Health Code requires that a licensed counselor furnish a professional disclosure statement to all prospective clients before engaging in counseling services. We also want you to be well informed regarding your prospective counselor's credentials and level of experience before your first consultation. Please read the following information and sign indicating that you have read and understood the statement. You will also be furnished with a copy to keep.

Terry Lodico, M.A., M. Div., NCC, LPC

Mr. Lodico provides individual, marital, family and group counseling. He received a B.A. degree from Ashland University, Ashland, OH in 1974, and a Master of Divinity degree in 1978 and an M.A. in Pastoral Psychology and Counseling in 1980 from Ashland Theological Seminary. His counseling experience includes 30 years of counseling through church ministry as well as professionally. He receives yearly education and training to fulfill requirements as a National Certified Counselor and an International Certified Christian Counselor. Terry is licensed by the State of Michigan. The licensing bureau's address and phone number is:

**Department of Community Health
Complaint and Allegation Division
P.O. Box 30670 • Lansing, MI 48909
(517) 373-9196**

What to Expect:

First Session: The first session is called the diagnostic session. In this session the primary goal is to identify and evaluate the problems. If time allows, your therapist will begin to work with you to define a treatment plan outlining goals, objectives, approaches or interventions to address the reason for your coming to therapy. You are expected to play a major role in determining the treatment plan.

Continuing Sessions: Your therapist will listen, guide in processing and exploring feelings, facilitate solving of issues, structure exercises, offer suggestions, facilitate the practice and development of skills, gently challenge and explore alternative options, and give homework exercises.

Informed Consent of Therapy

We want you to be confident and informed of our therapy approach.

New research, techniques and knowledge in the psychological field continue to expand to improve therapy. As a result, it has been found that certain skills and therapy approaches are more effective with certain counseling needs than others. Because of this, we are eclectic in our approach using differing therapy skills. A main approach is Cognitive Behavioral Therapy (CBT). Research finds this model effective with most needs and it is compatible to a Christian or biblical worldview. The approach recognizes that right thinking and behavior can help one's mood, feelings and attitudes (Rom. 12:2, Eph. 4:23). At the same time, we use certain psychodynamic skills to bring subconscious emotional memories to a conscious level to allow cognitive reframing; we use Gestalt techniques to bring about awareness of what is presently happening in the client's life to gain clarity and insight. Other approaches we may use are as follows:

Interpersonal Therapy (IPT)
Interpersonal Skill Training
Process and Supportive Counseling
Marriage Communication Skills
Emotional/Behavioral Management Skills
Rational Emotive Therapy (RET)
Family System or Family Therapy
Dialectical Therapy
Educational or Insight-Oriented Therapy
In-vivo Exposure for Obsessive Compulsive Disorder

Twelve Steps for Addiction and Dysfunctional Backgrounds
Trauma Focus or Supportive Therapy for Post Traumatic Stress
Spiritual Formation
Biblical Integration
Art and Play Therapy for Children
Group Therapy
Medication Referral
Love Interventions for Substance Abuse and Conduct Disorders
Inventory Testing
Grief and Trauma Processing

FEES:

The counseling fee is \$90.00 per fifty-minute session or \$85 if payment by cash or check is received at the time of the appointment. Extended sessions may be requested. The initial diagnostic interview is \$130, which includes 50 minutes with the client and additional time for evaluation and planning of the treatment. There may be other costs for requested reports or psychological testing. Telephone calls of more than four minutes are considered consultations and pro-rated at the fee rate. We are happy to assist you with any insurance coverage or employment assistance coverage requirements. If you anticipate financial difficulty, discuss your circumstances immediately with your counselor for options. A sliding scale is available based on income and the number of dependents in the household. **Payments are due at the closing of each session.** A 1.5% finance charge per month will be added to all accounts over 30 days past due except for payment plan arrangements made between Covenant Counseling and the client.

Cancellation and Missed Appointments

An ethical issue that client and therapist must address from time to time is appointments that are canceled, forgotten or not kept. Occasionally a therapist may lose an hour, two hours or three hours in a day of counseling time when this happens. Other clients lose the opportunity to take these time slots and it costs the office financially. We understand that clients have to cancel because of sickness or emergency situations and we all, now and then, forget or misread our schedules. With this in mind, the following is our policy to mutually work together:

If you cancel within 24 hours of your appointment or on a Saturday or Sunday for a Monday appointment, you are responsible for the session fee. If the appointment was missed due to sickness, a family hardship or something legitimate outside your control, you will be responsible for \$50 of the regular \$90 charge. You can notify your counselor by simply calling the office and leaving a message.

We ask that when you are ready to terminate therapy you communicate this with your counselor. Do not terminate by not showing for an appointment. Thank you for your cooperation in helping us be efficient for our clients.

By signing below, I acknowledge I have read and understand this disclosure statement. I understand that my counselor will discuss treatment goals as part of the therapy process. If needed, I agree to talk with my counselor to clarify any of the above approaches of treatment.

I have read and understood this Disclosure Statement and the Informed Consent of Therapy:

Signature of Patient or Personal Representative and Your Relationship to the Patient

Date

Signature of Patient or Personal Representative and Your Relationship to the Patient

Date

On a separate form is the “**Confidentiality and Consent to Use or Disclose Information for Treatment, Payment, and Health Care Operations.**” Please sign below that you have read this form and filled out the information indicating how you would like to be contacted, giving us the right to remind you of appointments:

Signature of Patient or Personal Representative and Your Relationship to the Patient

Date

Signature of Patient or Personal Representative and Your Relationship to the Patient

Date

EMERGENCIES

In case of an immediate emergency when your therapist cannot be reached, call the Crisis Intervention Service (989) 631-4450 or dial 911.