

Naturally You Counseling Center  
Mark Michalica, LMT, LPC  
215 E. University Dr.  
Denton, TX. 76209  
(940) 484-6275

## Professional Disclosure Statement

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### **Qualifications.**

I am a Licensed Professional Counselor and obtained my MEd. from the University of North Texas. Before this I worked in the Complementary Health field as a Massage Therapist and Health Consultant for over 15 years. I have led groups and taught classes in Stress Relief, Self Care Techniques, Stretching, Forgiveness, and others. I have counseled with individuals, couples and families. I received my Bachelors while living in Canada in the field of Kinesiology, where I majored in Health Sciences.

### **Nature of Counseling.**

I view each person as independent, creative, and responsible for his or her own goals and behaviors. My intent is to help you achieve these goals, through example, encouragement, education, and an empathetic approach. My counseling style is eclectic. This simply means that I believe each person is unique and requires a personal approach.

During Counseling I may talk with you about your past experiences and your beliefs. We may also explore your thoughts and feelings through this process. At times I may ask you to read certain materials, or carry out certain activities between sessions, which will help you speed up the counseling process.

### **Counseling Relationship/Effects.**

Therapy sometimes requires the sharing of very personal information. It is my intent therefore, to create a safe space for you explore, resolve, heal, and create new ways of living in the world, and experiencing the world around you. Your willingness to make change is the most important component to your Counseling experience, and I will honor that with my best effort.

Counseling is a personal exploration and process that may lead to major changes in your life perspective and decisions. These changes may affect your significant relationships, your job, and/or your understanding of yourself. Although the exact nature of changes resulting from counseling can not be predicted, I intend to work with you to achieve the best possible results for you. I expect you to benefit from counseling.

### **Client Rights.**

Some client's achieve their goals in only a few counseling sessions, where others may require a significantly longer period of time. As a client, you are in complete control and may end our relationship at any time. If you choose to end the counseling relationship, I ask that you participate in a terminations session. You also have the right to refuse or to discuss modification of any of my counseling techniques or suggestions that you believe may be harmful. I render counseling services in a professional manner consistent with accepted ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know. If I am unable to resolve your concerns, you may make a complaint with the Texas State Board of Examiners of Professional Counselors. I can provide you with the address upon your request. Furthermore, I will not retaliate in any way

### **Postponement and Termination.**

I reserve the right to postpone and/or terminate counseling of clients who come to their session under the influence of alcohol or drugs. I also reserve the right to discontinue counseling of clients who do not comply with the medication recommendations of their psychiatrist or physician. Furthermore if I believe you are not benefiting from counseling I may either terminate our relationship or refer you to someone else.

### **Referrals.**

I recognize my limitations, as well as my strengths as a counselor, therefore if you and I feel a referral to another professional is needed, I will provide alternatives to you, including programs and/or people who may be able to assist you. You will be responsible for contacting and evaluating these referrals and/or alternatives.

## **Diagnosis and Treatment.**

As a Licensed Professional Counselor I am able to diagnose and treat mental health conditions under the guidelines and rules set out by the Texas Department of State of Health Services.

I am not a Medical Doctor. I can not diagnose nor treat medical conditions. My approach, however, is to address the entire individual, and therefore I may from time to time make specific referrals or suggestions to you regarding health issues that you may be experiencing.

## **Fees / Insurance Reimbursement**

All fees must be paid at the beginning of each session. Cash, personal checks, or credit/debit cards may be used as payment options. Checks may be made out to 'Naturally You' or 'Mark Michalica' for payment. Typically insurance will provide between a 50% - 90% reimbursement, depending on your specific plan.

- In return for a fee of \$ 85.00 per 50 minute session, I agree to provide counseling services for you, your child, or your family.
- Phone sessions or on-line sessions are also billed at \$ 85.00 per 50 minute session.
- Group Counseling, Classes, or Workshops offered by Naturally You vary in price per group and class offered.
- Report writing is billed at \$ 120.00 per hour.
- Legal Fees, which include time spent driving, depositions, court proceeding, etc. are billed at \$ 140.00 per hour.
- Returned checks will incur a fee of \$ 30.00.

If the fee provides a hardship to you please let me know. I make room in my practice to provide on-going pro-bono therapy with people that have no means for payment. I may also make a referral to other counseling centers that can see you at no cost or a reduced cost. There is **NO SET RULE** that counseling has to be done weekly. You **WILL** receive benefit from bi-weekly or even monthly sessions. Finally, Counseling is not only what you do during the session, but also what you do in between each session.

**Cancellation Policy.**

In the event that you will not be able to keep an appointment, please notify me by telephone at least 24 hours in advance at, **940-484-6275**. This will free your appointment time for another client. If this 24-hour notice is NOT respected, you will be charged \$45.00 for the missed session.

**Emergencies.**

If you are experiencing a life threatening EMERGENCY, call 911 or have someone take you to the nearest emergency room for help.

You may encounter a personal emergency or crisis which will require prompt attention. In this event, please contact me regarding the nature and urgency of the circumstances. I will make every attempt to schedule you as soon as possible or offer other options. Since clients may be scheduled back-to-back, it is NOT always possible to return calls immediately. Every effort to return your call in a timely manner will be made. You may also call the DCMHMR Crisis Hotline at 1-800-269-6233.

**Records and Confidentiality.**

All of our communication becomes part of the clinical record. Records are the property of Naturally You. Adult client records are disposed of seven years after the file is closed. Minor client records are disposed of five years after the client's 18<sup>th</sup> birthday. Most of our communication is confidential, but the following limitations and exceptions do exist:

- I am using your records for insurance reimbursement.
- I determine you are a danger to yourself or someone else
- You disclose abuse, neglect, or exploitation of a child, elderly, or disabled person.
- You disclose sexual contact with another mental health professional.
- I am ordered by court to disclose information.
- You direct me to disclose your records.
- I am otherwise directed by law to disclose information.

If I see you in public, I will protect your confidentiality by acknowledging you only if you approach me first.

In the case of marriage or family counseling. I will keep confidential (within limits cited above) anything you disclose to me without your family member's knowledge. However, I encourage open communication between family members and I reserve the right to terminate our counseling relationship if I judge any secret to be detrimental to the therapeutic process.

By your signature below, you are indicating that you read and understood this statement, or that any questions you had about this statement were answered to your satisfaction, and that you were furnished a copy of this statement. By my signature, I verify the accuracy of this statement and acknowledge my commitment to its specifications.

