

Professional Disclosure Statement

Debbie O'Berry, LLC, LPC, CAAC

3827 W. Howell Road, Mason, MI 48854

Phone (517) 256-6751, Fax (517) 913-5940

E-mail: daoberry@yahoo.com

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. I also want to make sure that you understand our professional relationship.

I attended Spring Arbor University and received a BA in Family Life Education and a MA in Counseling. I am a License as a Professional Counselor (LPC) in the State of Michigan and I also am a Certified Advanced Addiction Counselor, (CAAC). As part of my bachelor degree I did an internship with a local family, marriage counselor. My internship for my masters was done at a substance abuse recovery center. I have experience with individual, group, and didactic therapy in Addictions and with Mental Health Issues. Branch Ministry has been in existence since 2005. I have also have experience in Dialectical Behavior Therapy.

I have been married for forty-one years and I have been a Christian for twenty-seven years. 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 90 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 for each session are \$110.00 at each session; the first assessment session is 1 1/2 hours with the fee of \$150.00. 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 but you are responsible for what your insurance does not cover. Co-payments are due at 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. Referrals are always welcome and greatly appreciated. You may leave me a message at 517-256-6751. Calls will be returned Monday thru Friday unless you state that it is urgent. Please indicate that in your message what you are calling about and I will return your message as soon as possible. If you are dealing with an emergency please call 911.

Our conversations and notes I take 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 on the line below indicates that you have read this statement, 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.

Client's signature

Date