



Professional Disclosure Statement
Jonathan Hart, MA, LPC, NCC

52188 Van Dyke Avenue Suite 300
Shelby Township, MI 48316
(586)244-8211

Welcome! I want to thank you for giving me the opportunity to walk with you on your journey. It takes courage to admit we need help and I appreciate yours. The purpose of this document is to inform you of my education and experience, and to discuss the terms of our professional relationship.

I received a Masters of Arts in Counseling from Oakland University. Much of my research was based on stress and anxiety. I was trained using a humanistic approach that looks to the whole person rather than just specific symptoms. I specialized in Mental Health which taught me how to administer various tests and assessments. In addition, I was trained in Psychodynamic psychotherapy. This simply means that I have one more tool in my toolbox to help you, if needed.

I believe everyone is different. No two people have the same concerns. This is why I utilize what is referred to as an eclectic approach. This means that I utilize different counseling techniques depending on what concerns my clients may have. I do not believe that there is one “golden” approach to counseling. Being able to utilize multiple approaches and techniques allows me to be flexible and tailor my approach based on your specific needs.

My goal is to help you achieve your goal. To do this, there are things that are important and necessary. First, I can only help you with the concerns you choose to discuss. It is entirely up to you to discuss the concerns on which you would like to work. Secondly, the material that I utilize are the words that my clients say. Because of this, your honesty regarding your feelings and concerns is very important. Thirdly, everything that is discussed in session will be kept confidential by me, with the following exceptions: (1) You authorize me to disclose your information; (2) I believe you are in danger of hurting yourself or others; (3) there is evidence of child or vulnerable adult abuse; and (4) I am court ordered to disclose information.

Finally, you have the right to end our counseling relationship at any time. If you believe that your goal has been met and can face life’s challenges without my support, I will support your decision. Our counseling relationship is the most important characteristic for counseling to work. I like to believe I can help most people, but sometimes personalities do not mesh well. If this is the case, I will provide you with a referral to a counselor, if available, that is better suited for your needs.

The fee for my services is \$140, however, I do work on a sliding scale for those who cannot afford this amount. If you need to cancel any of your sessions, I ask that you do so prior to 24 hours from the time your session is scheduled. If cancellations occur within 24 hours of the time your session is scheduled, a full fee will be charged. Currently, I am only accepting Blue Cross Blue Shield PPO insurance. If you are choosing to utilize your BCBS insurance, you are responsible for all copays, coinsurance, and fees that count toward your deductible. These payments are expected at time of service. Other insurances may be accepted, if you agree to utilize out-of-network benefits. You are responsible to determine whether or not your insurance offers out-of-network benefits. You must also agree to cover service fees in the event your insurance company denies any claims. In the event that I am able to begin accepting your insurance, I will notify you and we can discuss any copays and coinsurance for which you would be responsible.

In case of emergency between sessions, if I am not available, please call your medical doctor or go to the nearest emergency room. Call 911 if you believe the emergency is life threatening.

If you have any questions regarding the information provided in this disclosure, please do not hesitate to ask me.

Thank you for coming to see me today. I look forward to working with you.

Date

Client

Date

Client

I represent and warrant that I have legal authority for the above minor client:

Date

Parent/Guardian

In the event that you would like to file a complaint regarding my counseling services, you can contact the Michigan Department of Licensing and Regulatory Affairs at the following location.

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
Investigations & Inspections Division
P.O. Box 30670
Lansing, MI 48909
(517) 241-0205