

**Miranda Ward**  
Limited Licensed Professional Counselor – Michigan  
License #: 6451022945  
Limited Licensed Marriage and Family Counselor - Michigan  
License #: 4151001098  
Certified Recreational Therapist  
National Certification #: 62081

Miranda Ward  
Clarity Therapy & Consulting  
Phone: at 616-626-1082  
Email: [miranda@claritygr.com](mailto:miranda@claritygr.com)

## PROFESSIONAL DISCLOSURE STATEMENT

### Qualifications:

- Limited License Professional Counselor.
- Limited License Marriage and Family Therapist.
- M.A. Counselor Education, Marriage and Family Therapy: Western Michigan University
- B.S. Recreation with an emphasis in Therapeutic Recreation: Calvin College.
- Bethany Christian Services, Intern: 900 Hours.
- Western Michigan University’s Counseling Clinic, Practicum: 180 hours.
- Western Michigan University Graduate Teaching Effectiveness Ward for the Marriage Couple and Family Therapy 2023.

Supervisor: Nicole Brown # 6401017587

### Experience:

- Limited License Marriage and Family Therapist May 2023 – Present
- Limited License Professional Counselor May 2023 - Present
- Certified Recreational Therapist: Private Practice 2015 -2023  
*Clinical Work: Acquired disabilities including Traumatic Brain Injury, spinal cord injuries, neurodegenerative disorders, physical disability, para-athletes and performance goals, developmental disorders, Autism, ADHD, domestic and refugee foster care, adoption transitions, PTSD, and family attachment. Interventions I continue to maintain certification in include Aquatic Therapy, Adapted Yoga, Therapeutic Arts for Dementia Care, and Mindfulness Dementia Care.*

Approach to Counseling: I provide talk therapy in an integrative fashion and apply varying approaches. Approaches include Relational, Emotionally Focused Therapy, Experiential, Accelerated Experiential, Somatic Experiencing, Psychodynamic, Dialectical Behavior Therapy, Cognitive Behavioral, Contemplative, Existential Therapy, Feminist-Based Therapy, Acceptance and Commitment Therapy, Humanistic, Narrative Therapy, Motivational Interviewing, Gottman Model (Level 1), Family and Couples-based treatment, Sand Tray, Play-based therapy for children and adolescents and Recreation informed. I seek to combine these varying perspectives

and apply them to the lived experience focusing on the client's desired outcomes and my recommendations based on empirical evidence.

Clinical Interest Area: All ages 3+, families, couples, and individuals. My particular interest areas include couples and families with C-PTSD, couple intimacy issues, infidelity, attachment, acquired disability including TBI, spiritual and psychological abuse, infidelity, family conflict, civil and criminal court stress, cultural and racial identity, parenting, special needs parenting. I additionally will work with clients outside of these specific interest areas.

Walk and Talk Therapy: For clients in which it may be beneficial, I offer walk and talk therapy which is a session that occurs outside of the office. This is not for physical benefit but connected to somatic experiencing interventions. If this is an intervention you would like to consider we would speak more in our session time about risks and benefits and the protection of your identity as a client in this intervention. You agree to take responsibility for your medical and mental health well-being.

You, as the Client: Sessions last 53-57 minutes in length, with intake appointments ranging from 53 – 90 minutes. I additionally offer Couples Intensives/ Marathon sessions. Counseling sessions require your engagement and participation. I consider both of our roles to facilitate that experience and work together to develop a safe relationship between us. If your reason for attending counseling is for a family or couple relationship, I will view your relationship as the "client." The work of counseling may not always be comfortable and I desire to explore the feelings you have as we go through this process. Your honesty in our sessions facilitates the hope of improved outcomes.

The Counseling Relationship: As we will be exploring topics of an intimate nature, our relationship will hopefully be a cohesive one. In that, it is a professional relationship. I ask that you do not invite me to social gatherings or celebrations. I also am unable to write references or letters on your behalf for professional opportunities or legal matters.

Scheduling and Cancellations: For scheduling related to our sessions you can contact me through email at [miranda@claritygr.com](mailto:miranda@claritygr.com) or you may cancel through your Simple Practice profile. Your appointment time is reserved for you. If you need to cancel a session, please do so with as much advance notice as possible. I reserve the right to charge the full fee of my session fee (\$150) if you cancel within 24 hours or for a no-call/no-show. This fee is not billable to insurance. You must arrive for your appointments at the scheduled time and be free of drugs and alcohol. If you arrive for a session more than 15 minutes past the scheduled time or are intoxicated it will be billed at the full rate of the session.

Counseling Outcomes: Desired outcomes for counseling are not guaranteed. Factors such as your participation, honesty within sessions, follow-through in assigned focus tasks between sessions, attending appointments, the counseling relationship, and other variables impact desired outcomes. During the time that we work together, you may experience negative feelings, which can be expected when undergoing personal change. Powerful interventions include risks and benefits. Increased self-awareness may also encourage you to make changes in your life and your relationships as you work toward the goals you have for yourself. At times it may feel that things

have gotten worse. This is common. If you feel this way, I welcome you to explore this in our sessions together. A counselor cannot anticipate what you may experience throughout this process. It is my goal that you may obtain the outcomes you desire for yourself. I have optimism with each client I serve. If for any reason I feel that I do not have the techniques to facilitate a therapeutic experience for you, I will work with you to refer you to counselors who may.

Client Rights: I seek to provide my services professionally and maintain a standard of ethics as set by the American Counseling Association ([www.counseling.org](http://www.counseling.org)). Your counseling sessions are voluntary and as such, you have the right to terminate services at any time that you desire. Even if you have been mandated to attend counseling through a legal source, you choose to participate in that. If you do decide at any point to terminate counseling services, I request a final session with the goal of closure in our relationship. You are not required to follow through on recommendations I make throughout our relationship if you do not find them to be beneficial or harmful. If you are dissatisfied with the services I have provided, I welcome the opportunity to try to resolve that with you. If you are not comfortable speaking with me, you may contact my supervisor, . You may also report allegations/complaints to:

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

**Email: [bpl-complaints@Michigan.gov](mailto:bpl-complaints@Michigan.gov)**

**Fax: (517)241-2389.**

Referrals: In our relationship, both parties reserve the right to request a referral to another counselor. This is something we can discuss openly and I would be happy to offer you a list of possible resources. It would be your responsibility to contact these resources and decide how you would like to proceed. In the absence of another counselor, I would be glad to assist you per diem as I have available appointments and subsiding any other conflicts including when I am on personal time, illness, or holidays.

Fees and Payment: My fee for an initial session (intake) is \$175 and a 53-minute session is \$150. Fees for intensives vary and you will be provided an estimate in advance of scheduling. I will accept payment, including co-pays and deductibles, after each session by check or credit card. I reserve the right to utilize collections and/or small claims court if your balance is not paid after your case is closed. In special cases, there may be additional charges for phone calls, extra paperwork, court, or consultation with other professionals, but these will be discussed with you first.

Legal Proceedings: You are strongly advised to avoid involving your therapy in any legal proceedings. If you do so, protecting your confidentiality becomes very difficult. I will charge an

hourly rate of \$300 for court services, including travel time, phone calls, and time completing paperwork.

Insurance (if applicable): Many insurance policies will provide partial reimbursement for therapy. Your insurance is a contract between you and your insurance company. It is to your benefit that you contact your representative or company personnel office to clearly understand the specifics of your coverage. If your insurance company sends payments directly to this office, the payment of a non-reimbursed portion of your fee (co-pay, deductible) is due at the time of service.

If you are uncertain of the method of payment by your insurance company, then payment of the full fee is due at the time of service (until you know otherwise). An excess payment will be refunded to you if needed.

As a service to you, my office will submit **in-network** insurance claims to the appropriate company. Please understand that insurance companies require me to provide a mental health diagnosis for you to pay for services.

My office does not submit claims for **out-of-network** policies. If you would like a superbill to submit to your insurance company for reimbursement, please let us know. A superbill includes a mental health diagnosis as well as your date of service and therapy service codes. It is up to the insurance company to decide on reimbursement. Please note, some insurance policies utilize carve-out policies for mental health benefits which means your insurance provider may be different than the one listed on your card. If my services are not in-network with your carve-out company, you are responsible for session fees and required to submit a superbill for reimbursement.

Confidentiality: The discussions that take place in therapy are confidential. By law, I am not allowed to share information about you or your family without your written permission. By law, there are limits to this confidentiality, including the following:

- If you reveal the intent to harm yourself and/or others
- If there are reasons to suspect current child and/or elder abuse
- If I/your records are subpoenaed or court involvement

There are several additional situations where I may share *only relevant information with others*. Clinical supervision, billing/accounting issues, insurance audits (if required), and collections (if needed) are examples of these situations.

In the Community: To guard your privacy and confidentiality, if I were to see you in the community outside of our sessions, I would not approach you or tell you “hello” without you first doing so. Should you approach me, I would not openly discuss any information you shared with me in our sessions. I would keep our interaction brief. This is strictly to protect your confidentiality and to maintain a professional relationship.

Couples and Family Counseling Privacy: In family and couple therapy, the limits of confidentiality do not apply in every situation. I will use my clinical judgment when revealing

such information within the therapy. Any information that you share with me privately, I would desire to protect by the above confidentiality and privacy policy. I encourage openness between family members and embolden you to share information with your family or significant other that would enhance your relationship. I will not participate in secret-keeping with family clients. This is particularly so regarding secrets that are detrimental to relationships that are the focus of our time together. I reserve the right to terminate our counseling relationship if I assess that the secret is not therapeutic to the relationship and progress cannot be made to address it. If you have concerns about how this policy applies to your goals, I ask that you speak with me in session or refer to the Limited Secrets Policy form in your Simple Practice Profile.

In working with minors or with adults with a guardian, I want you to be aware that your privacy is important to me. Working from a family-systems approach, I believe that the input and perspective of people in your life who care about you is a valuable part of the process. I will seek to inform you if I feel it is to your benefit that I share information with your parents/ guardian. If it appears that you are at risk of harming yourself or harming someone else, I am required to breach confidentiality. I will always be open with you about the limits of confidentiality. Your input about this process is significant and I will work to maintain a relationship of trust between us.

This same understanding applies to parents. While parents maintain the legal right to know everything about their child's counseling experience, developing a relationship of trust between your child and myself is an important tool in the work of counseling. Therefore, it is important to me to develop a trusting relationship with you as well. The goal of family-based counseling is to enhance relationships. For your child to maximize the benefits of the counseling sessions they must be able to trust me. In our sessions, I may set aside time for us to meet to continue to foster a trusting relationship between all of us.

Technology: Much of the way that counseling sessions are scheduled, coordinated, billed for, and conducted requires the use of technology. Any exchange of information between us will be conducted through encryption technology. Online sessions, should you choose to utilize this, will be held over sessions.psychologytoday, doxy.me or Simple Practice. To protect your personal information and individual privacy, I will request your specific permission to contact you outside of a previously agreed-upon technological source and otherwise would only contact you via phone or email. I would never reach out to you via social media or any other unprotected source. If you were to attempt to contact me via social media I would not respond as it is my goal to keep our relationship within the bounds of ethical and confidential interactions. You may always contact me via my email or by contacting the Clarity Therapy & Consulting office at 616-626-1082 and please anticipate that I will respond within 24-48 hours during normal business hours. If you have an emergency, please call 911 or use the emergency resources found at the bottom of this document.

By signing this document, you attest that you have fully read and you understand it. You agree that it has been provided in a format that is agreeable to you with modifications for disability as necessary. Questions have been answered to your satisfaction.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Parent/Guardians Name, as applicable: \_\_\_\_\_

Parent Guardians Signature, as applicable: \_\_\_\_\_

Therapist, Miranda Ward, LLPC, LLMFT: \_\_\_\_\_

Date: \_\_\_\_\_

**Emergency Resources:**

**National Suicide Prevention Hotline      800-273-8255**

**Pine Rest Psychiatric Urgent Care Center:      616-455-9200**

300 68<sup>th</sup> St. NE Grand Rapids Mi.

*Immediate assessment and treatment of individuals experiencing acute psychiatric symptoms.*

**Network 180      616-336-3909**

790 Fuller Ave. NE. Grand Rapids Mi.

*24-hour crisis services available.*

**Network 180 Mobile Crisis      616-336-1000**

*Mental Health Professionals at come to you for crisis de-escalation, screening, and safety planning.*

**Forest View Hospital      800-949-8439**

1055 Medical Park Drive SE Grand Rapids Mi.

*No cost assessment, 24 hours a day, 7 days a week.*

**Arbor Circle and The bridge      (Youth) 616-456-6571**

1115 Ball Circle Ave. NW. Grand Rapids Mi.

*24-hour phone and walk-in crisis intervention for youth in crisis or runaway and homeless youth.*