



**Ashley Hinton, LPC, NCC**  
PROFESSIONAL DISCLOSURE STATEMENT

**QUALIFICATIONS.** I am a National Certified Counselor and a graduate of Western Michigan University's Department of Counselor Education and Counseling Psychology program. My Masters degree in Counseling includes a concentration in Clinical Mental Health. Additionally, I have earned a Graduate Certificate from Western Michigan University's Department of Medical Science with a concentration in Alcohol & Drug Abuse. Further, I received Basic and Advanced certification training in Eye Movement Desensitization and Reprocessing therapy from Personal Transformation Institute using the Somatic and Attachment Focused EMDR (SAFE) model, and am EMDRIA certified. I also hold a Bachelor of Arts degree in Human Resource Strategic Management from Davenport University.

**EXPERIENCE.** My professional experience includes extensive education and field work with substance use disorders and addictive behaviors. However, my primary focus of therapy is the treatment of trauma or resolving traumatic experience, specifically using the constructs gleaned from somatic therapies and attachment theories. Some of my past community service positions include the following: Finance Vice President for the American Association of University Women [AAUW] in Gaylord, which seeks to promote the equity and welfare of young women and girls through advocacy, education, research, and philanthropy; Treasurer for Guardian Gals, Inc., a 501(c)(3) nonprofit organization that helps young girls use their talents to improve the world; and Ambassador for the Gaylord Area Chamber of Commerce.

**NATURE OF COUNSELING.** My therapeutic approach is primarily centered in Depth Psychology, based on the theories of Carl Gustav Jung. Depth psychology, or psychoanalytic theory, states that psyche involves a detailed network of processes that is partly conscious and partly unconscious. Additionally, this approach focuses on human development, personality formation, and individuation. Individuation is a process of bringing our unconscious potential into a concrete living reality; this helps to secure a bridge between an individual and the unconscious as well as the individual and their external world. By incorporating both an inner and outer exploration, one discovers a more potent sense of meaning and purpose in life. Jung believed that psychological distress is a result of an imbalance within the individual that often is experienced as an alienation from the deeper personality, or what he calls the Self. Depth psychology seeks to restore the individual's connection to the Self; this effort can be achieved through the therapeutic relationship, psychoanalysis, cognitive and behavioral activities, dream interpretation, active imagination, and work with other expressive therapies. In practice, depth psychology explores underlying motives as an approach to various mental disorders, as well as identifying distorted ideas and beliefs.

**TREATMENT GOALS.** Although insight and understanding are important for change to occur, they are meaningless if not paired with constructive behavior change. Together we will develop treatment goals and modify them according to your evolving needs. Some parts of therapy can be extremely difficult and uncomfortable. At times, I will invite you to notice how certain behaviors become self-defeating or harmful; this alone can feel like an overwhelming challenge. However, I encourage open communication during our time together, so I am hopeful you will feel comfortable to express any opinions, feelings, or reservations to me.

## INFORMED CONSENT

**THERAPEUTIC RELATIONSHIP.** Although our sessions may be intimate on a psychological level, ours is a professional relationship rather than a social one. **Therapist-client contact will be strictly limited to therapy sessions except in the event of an emergency when you may contact (989) 614-7080, or 911.** Should you arrive intoxicated for a session, I will cancel your appointment and you will be rescheduled for the following week, or ASAP. Please do not invite me to social gatherings or to connect on social media; please do not offer me gifts; and please do not ask me to write references for you. I will not relate to you in any way other than in the professional context of our counseling sessions. You will be best served if our sessions together focus exclusively on your therapeutic concerns.

**EFFECTS OF COUNSELING.** You may initiate discussion of possible effects [whether positive or negative] of entering, not entering, or continuing therapy. While benefits are to be expected from counseling, I cannot guarantee specific results. Therapy is a personal exploration and may lead to shifts in your life perspectives and changes in behavior. These changes possibly may affect your relationships, your job, and your understanding of yourself. Ultimately, some of this may be temporarily distressing and the exact nature of these changes cannot be predicted. Together we will work to achieve the best possible results for you.

**CLIENT RIGHTS.** As my patient, you are in complete control and may end our counseling relationship at any time. However, I do ask that you participate in a termination session. You also have the right to refuse or negotiate modification of any of my suggestions that you believe might be harmful or not beneficial to your individual progress. I assure you that my services will be rendered in a professional manner and my practice will be consistent with accepted ethical standards of the American Counseling Association and American Psychological Association. If you are dissatisfied with my services, then please let me know. If I am unable to resolve your concerns, you may contact or file a complaint to the **Michigan Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, Legal Affairs Division, PO Box 30670, Lansing, MI 48909; Phone (517) 373-9196.**

**REFERRALS.** Should you and/or I believe that a referral is needed, I will provide some alternatives including programs and people who may be able to assist you. A verbal exploration of alternatives to therapy will also be made available upon request. You will be responsible for contacting and evaluating those referrals. I will notify you when I will be away on vacation or away for personal reasons.

**FEES & PAYMENT.** Intake [first] sessions are \$200.00 and may take up to 90-minutes, depending on the client's unique situation. Subsequent visits will be charged \$160.00 per 55-minute session. Payment will be due at the conclusion of each visit, unless other arrangements are made. Accepted forms of payment include cash, checks, most debit and credit cards, CashApp, PayPal, and Venmo. I am usually able to file claims for reimbursement from the following health insurance plans: Aetna, BCBS and Blue Care Network, Blue Cross Complete, McLaren Health Advantage, Meridian, Priority Health, and United Healthcare. Yearly deductibles, copayments and coinsurance are your responsibility.

**WRITTEN REPORTS & COURT APPEARANCES.** Written reports requested are \$100.00 per hour with a one-hour minimum. Fees for court appearances include preparation and travel time and are billed at a rate of \$200.00 per hour. A \$600.00 retainer is due up front and will be applied to any incurred court costs. Court costs are not reimbursable. Payment is expected at the time services are rendered.

**ATTENDANCE & CANCELLATIONS.** Client motivation and consistency are important variables that may enhance the benefits of therapy. If you miss two sessions in a row or have exceeded the allowed number of absences, you may be suspended immediately and notification will be sent to the proper referral source(s). In the event that you will not be able to keep an appointment, please notify me at (989) 614-7080 at least 24 hours in advance. Without adequate notice, a \$50 fee may be charged. Likewise, if you intend to discontinue therapy, then please inform me as soon as possible.

**RECORDS & CONFIDENTIALITY.** Records are the property of my office. Adult client records are disposed of seven years after the file is closed. Minor client records are disposed of seven years after the client's 18th birthday. Most of our communication is confidential, but the following limitations do exist:

***1) I determine that you are a danger to yourself or someone else; 2) you disclose abuse, neglect or exploitation of a child, elderly or disabled person; 3) you disclose sexual contact with another health professional; 4) I am ordered by a court to disclose information; 5) you direct me to release your records; 6) I am otherwise required by law to disclose information.***

If I should see you in public, I will protect your confidentiality by acknowledging you only if you approach me first. In the case of relationship or family therapy, 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 the secret to be detrimental to the therapeutic process.

The following information is expressly excluded from the right of access:

***Psychotherapy notes, which are the personal notes of a mental health care provider documenting or analyzing the contents of a counseling session, that are maintained separate from the rest of the patient's medical record. See 45 CFR 164.524(a)(1)(i) and 164.501.***

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### ***Acknowledgement of Receipt***

Your signature and initials on the "[GENERAL INFORMATION FORM](#)" serve to acknowledge that you have received a paper or electronic version of this "PROFESSIONAL DISCLOSURE STATEMENT". Furthermore, this acknowledgement of receipt also indicates that you have read and understand this statement, and that any questions you have had about this statement have been addressed and answered to your satisfaction.