

# PROFESSIONAL DISCLOSURE STATEMENT

SONJA T. FRANCESE, MA, LLPC, NCC

The Complete Counseling Center • 117 Cass Ave. Suite 300 • Mt. Clemens • Michigan • 48043

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## **DESCRIPTION OF PRACTICE:**

The Complete Counseling Center provides individual, couples, family, and career counseling to all ages. Our counseling sessions involve an eclectic approach using several counseling theories such as cognitive, choice, behavioral and family systems theory to assist clients with their issues and guide them toward their goals. Clients are systematically evaluated and assessed and a counseling plan is developed based on their individual presentation. A client's plan may include: individual, couple, family and/or group therapy, psycho-educational consulting, and any additional referrals and guidance from community resources that may be appropriate.

## **EDUCATION, EXPERIENCE, & LICENSING:**

Sonja earned a Master of Arts in Counseling from Oakland University, a Bachelor of Science in Psychology from Eastern Michigan University, and she attended Macomb Community College following graduation from Lincoln Senior High School in Warren, Michigan.

Various experiences in the counseling field support Sonja's eclectic approach to counseling. She has worked with the homeless population; assisting with transitions, crisis, and housing concerns. An internship included providing individual and vocational supportive counseling to address behaviors, interventions, and goals achievement with individuals recovering from Traumatic Brain Injury (TBI) and/or spinal cord injuries. Sonja's work with young adults and adolescents is a consistent area in which she pursues. She has extensive experience with youth in transition and provides support through psychoeducational groups, individual counseling, career exploration, and personal growth. Other areas of concentration include anxiety, depression, compulsions, personality testing and assessment.

Sonja is a Limited Licensed Professional Counselor (LLPC) licensed through the state of Michigan. You can verify this license online at the Michigan Department of Community Health website: [www.cis.state.mi.us/free](http://www.cis.state.mi.us/free). License number: 6401011774. Memberships include the American Counseling Association and the International Honor Society - Chi Sigma Iota, Theta Chapter.

During the required 3,000 hours of post-degree counseling, Maryclare Baird (6401008397) will be providing me with supervision and consultation services.

## **FEES AND APPOINTMENTS:**

An appointment is a commitment to our work together. If you wish, I will be happy to reserve a regular standing appointment time for your scheduling convenience. The very first time we meet, we will need to exchange much basic information. For this reason I usually schedule 1 ½ to 2 hours for this meeting. Following this, we will usually meet for a 45 – 50 minute session once a week.

An appointment is a commitment to our work together. I will consider our meetings very important and ask you to do the same. We meet for up to 50 minutes from your scheduled start time. If you are late to session, it is likely that we will not be able to meet for the full time, as I will likely have another appointment after yours. Your session time is reserved only for you, so when you must cancel, 24 hours notice is required to allow this time slot to be available for other clients. **If you are unable to give 24 hours notice, you will be charged the full amount for the session.** Providing 24 hour notice allows sufficient time to offer that appointment time to another client.

Payment for services is an important part of any professional relationship. You are responsible for seeing that services are paid in full. Keeping your fees current allows me to keep my fees as low as possible by reducing my bookkeeping costs. **Payments can be made in the form of cash, money order, or personal check. Please be prepared to make payment at the beginning of each session**, unless previous payment arrangements have been made. The fee for returned checks is \$25. Please discuss any concerns in advance so that we can set a policy that we are both comfortable with.

*Regular therapy services:* \$90 for up to 50 minutes.

*Telephone consultations/appointments:* These may be suitable or even needed at times in our therapy. I will charge you our regular fee, prorated over the time needed. This includes communication with other professionals as part of your treatment.

*Reports:* \$150 per hour. I will bill for any long or complex reports/correspondence that you might require.

*Group:* \$45 for a group session.

*Testing / Assessment:* \$150 per hour and this fee includes: time spent with you, time for scoring and studying the test results, and the time needed to interpret/write a report on the findings. The amount of time involved depends on the test used and the questions the testing is intended to answer.

*Court/Mediation services:* \$300 per hour. Consultations with attorneys and social services, court-related reports, preparation, depositions, attendance and travel time or phone calls are *strongly discouraged*.

I will assume that our agreed-upon fee-paying relationship will continue as long as I provide services to you. I will assume this until you tell me in person, by telephone, or by certified mail that you wish to end it. You have a responsibility to pay for any services you receive before you end the relationship.

Because payment is expected at the time of service, I do not usually send bills. I will however provide a receipt at the conclusion of each session. I do not bill insurance; the receipt may be used for health insurance claims for possible reimbursement. Please note that not all services are reimbursed by insurance companies, and it is your responsibility to be informed of what your insurance will or will not cover. If a bill is issued, you will be expected to pay it within 5 days of receiving it. If you think you will have trouble paying your fees on time, please discuss this with me. Please bring any of these concerns to my attention so they can be worked out openly and quickly. In the event that collection proceedings occur, you will be responsible for collection costs and fees incurred, including but not limited to attorney's fees.

### **LICENSING**

If you have any concerns regarding the counseling relationship, please bring them to my attention. The following address is to be used for licensing concerns or complaints.

Michigan Department of Community Health  
Complaint and Allegation Division  
P.O. Box 30670  
Lansing, MI 48909  
517-373-9196