

Professional Disclosure Statement

AWAKEN ME LLC

Counseling and Integrative Life Coaching

Finding Solutions to Life Challenges

Jacqueline Williamson-Webb, MA, CGCS, CCTP, CAMS-1

Counselor and Certified Integrative Professional Life Coach

P.O. Box 212

Mount Arlington, NJ 07856

Office: 862-800-5903

Email: awakenme3am@gmail.com

Website: www.awakenmelle.com

Virtual Office Hours: (By Appointment)

Tuesday - Thursday

Saturday 10:00AM - 2:00PM

Emergencies:

Should you have a crisis that does not require immediate assistance please call me at (862) 800-5903. Please allow me 48 hours to return your call. In an emergency, call 911, or go to the nearest hospital emergency room.

Education Background and Training Certifications:

I received my Master of Arts in Counseling Degree with a concentration in Marriage, Couple, and Family Therapy from Pillar College. The graduate program is accredited by the Council on Accreditation of Counseling and Related Educational Programs (CACREP). I am a Christian Counselor with board certifications in grief, trauma, anger management, and crisis intervention. I also am a Certified Professional Integrative Life Coach. To maintain my board certifications, I am required to participate in yearly continuing education with training, and pursuing classes managing subjects pertinent to my profession. I hold memberships and certifications with the American Counseling Association, the International Association of Counselors and Therapist, the National Association of Anger Management, the International Association of Trauma Professionals.

Counseling Philosophy:

As a Counselor and Integrative Life Coach, my philosophical approach is to treat each person as an exceptional and unique individual. It does not matter what condition, circumstance, or struggle the client may be experiencing. It is my hope to walk alongside, challenge, encourage, and motivate the client to discover healing and wholeness for the entire mind, body, spirit, and soul, emotionally, mentally, physically, professionally, and spiritually.

Specialty Services Offered:

I will provide the following services to teens and adolescents, adults, individuals, couples, and groups. Sessions are typically 50 minutes in length. (couples and family sessions, 1 hour)

Marriage and Couples Counseling
Pre-Marital and Post Marital Counseling
Individual and Group Counseling
Spiritual and Pastoral Counseling

Anxiety and Stress Reduction
Grief and Loss
Trauma and Crisis
Developmental Life Transitions
Career Development
Personal and Professional Goal Setting
Life/Coping Skills
Healing Modalities (in the areas of mental, emotional, physical, and spiritual wellness)

Confidentiality:

Files are maintained on all clients. Records may contain client's demographics, session notes, treatment plan and goals. Your records and anything said are confidential and accessed by me only. Exceptions to this are:

- 1) client gives signed permission for counselor to discuss with someone other than the client.
- 2) I determine you are a danger to yourself or others.
- 3) I am ordered by a court to disclose information.
- 4) If information you provide leads me to suspect there is sexual, physical, or elderly abuse
- 5) Information noted by HIPAA Notice of Privacy Practice

Client Rights:

1. You are entitled to receive information from me about my methods of counseling techniques I use, the duration of session, and my fee structure.
2. You may seek a second opinion from another counselor at any time.
3. You likewise have the privilege to take an interest in defining treatment objectives, to get a second opinion from another counselor or to end the therapeutic relationship at any time.

Electronic Records

Your records are kept on a cloud through a practice management software that is HIPAA compliant.

Session Fees:

Individual counseling fee is \$85 per 50-minute phone or virtual counseling session. Couples, Pre-Marital, and Marriage sessions are \$175 per 60-minute virtual session. Family sessions are \$185 per 60-minute virtual session. All sessions are private pay (cash payments). Payment is due 2 hours prior to session. 24-hour notice for rescheduling or cancellation is required. No shows or less than 24-hour notice cancellations will result in a 75% cancellation fee of the original session fee.

Ethical Guidelines:

I follow the ethical guidelines set forth by the American Counseling Association. In the event for any reason, you feel we may not be a good therapeutic fit; I encourage your feedback and will do

the best of my ability to modify my approach. If I am not able to resolve your concerns or able to assist you in reaching your objectives in which you sort counseling, please let me know. I am more than happy to provide you with referrals to other certified counselors should you feel the need to discontinue our therapeutic relationship.

Consent to Treatment: By signing below, you affirm that you: (1) have read and understood the policies and procedures contained in the Professional Disclosure Statement, (2) are aware of the risks and benefits to counseling and options to them, and (3) agree to counseling within the above-described conditions.

Client's Printed Name

Client's Printed Name

Client's Signature

Date

Client's Signature

Date