Erin Arwady, LMSW

Psychotherapist for Individuals, Children & Families

269-743-7360 ext 2 www.erinarwady.com

[erin.arwady.lmsw@gmail.com](mailto:erin.arwady.lmsw@gmail.com)

5104 Lovers Lane

Portage MI 49002



**Professional Disclosure and Informed Consent to Treatment**

Welcome to my practice. Michigan State law requires that I provide you with a disclosure statement outlining my credentials as a therapist and your rights as a client. If you have any questions about the materials contained in this statement or about any aspect of your work with me, please don’t hesitate to ask.

**General Information about the therapist**

* Erin Arwady, LMSW
* Michigan LMSW License # 6801091917

**Education**

* MSW, Clinical Social Work Temple University. Philadelphia, PA 2007
* BA, Anthropology & Gender Studies, University of Notre Dame. Notre Dame, IN 2003.

**Related Experience**

* Psychotherapist in private practice, 2012-current, including 3 + years at Compass Wellness Center, Otsego, MI
* Communities in Schools, Kalamazoo senior site coordinator Loy Norrix H.S. 2009-2012 Kalamazoo, MI
* Inpatient Hospital Social Worker/Allied Therapist – dual diagnosis unit. Fairmount Behavioral Health, Philadelphia, Pa 2008-9
* Psychiatric Rehabilitation Counselor/Expressive Arts Director for severe & persistent mental illness and substance abuse – Project Transition, Chalfont PA 2004-2008.

**Professional Credentials and Affiliations**

* Licensed Masters Level Clinical Social Worker (LMSW) in Michigan
* National Association of Social Workers (NASW)
* Bound by the NASW code of ethics

**Therapeutic Orientation and services offered**

As an LMSW with several years of experience, I have developed a balanced, relationship-driven, and creative approach to working with individuals and families from various populations. I have extensive experience working with children, adults, and families with various concerns including mood disorders, eating disorders, ADHD, and dual diagnosis. I assist individuals and families in identifying their goals with intentional evidence-based techniques including dialectical and cognitive behavioral therapy (DBT & CBT). In addition, I am extremely interested in expressive arts (including play and art therapy) and mindfulness techniques.

I am extremely passionate about the clients with whom I work, and I tailor my sessions to meet each individual’s needs in a unique, client-centered way. When working with diverse individuals, I integrate expressive arts, DBT, CBT, and mindfulness techniques to express feelings and thoughts, and develop coping skills.

I provide individual and family therapy to children, adolescents and adults with special interests and expertise in adolescent transitions, family conflict and parenting skills, mood disorders, dual diagnosis and addiction, ADHD, and self-harm concerns. Sessions generally range from 45-60 minutes.

**Confidentiality, Privacy Practices & Client Rights**

When I open your case, I will establish a file that contains all information provided by you, as well as my own documentation, and this file will be kept in strict confidence. As a client, you are in control over how many sessions we will have together. For some clients counseling may only be a few sessions and for others it may require a longer period of time. You have the right to end the counseling relationship at any time, although I do ask for you to participate in a final session. If I make suggestions that you feel could be harmful, you have the right to refuse or modify them, I guarantee that my services will be provided in a professional manner in accordance with the ethical standard of the National Association of Social Workers (NASW). If at any time you are dissatisfied with my services, please inform me. If I am unable to resolve your concerns, you may file a report to the Michigan Department of Community Health. You may have the right to review your file with me if you so choose. Should I need to obtain or share information with other professionals about you for treatment purposes, I will discuss this with you & ask for your written consent to do so.

The following are exceptions to full confidentiality in accordance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

* If disclosure is necessary to prevent clear & imminent danger to yourself or another. This includes verbal intentions you may make to seriously harm yourself or another person.
* In suspected cases of elder or child neglect and/or abuse.
* If I am made aware that you have a communicable & fatal disease & that you have willfully exposed an identified third party to it.
* If I feel it would be helpful for me to obtain consultation or supervision with another mental health professional about your case. The purpose of clinical consultation is to provide you with the best quality care by consulting with other experts in the field.
* If I am ordered by a judge to release information, then I must release information & will only release the minimal amount of information required in order to protect your privacy.
* If you are using an insurance company to pay for services, a diagnosis will be submitted in order for me to be reimbursed. At times, additional records are requested. I will only release the minimal amount in order to protect your privacy.
* The Michigan Department of Community Health has the general responsibility of regulating the practice of licensed social workers that practice psychotherapy. They can be reached at: Michigan Department of Community Health, Health Regulatory Division, P.O. Box 30670, Lansing, MI 48909, (517) 373-9196.
* At your written request, you have the right to receive information from me about the methods of therapy and techniques used, the duration of your therapy (if it can be determined), and the fee structure. In addition you may place restrictions on the disclosure of your protected Health Information to any person identified by you, and see a copy of your protected health information. I recommend you do the above with me.
* You may seek second opinion from another therapist or terminate treatment at any time.
* In a professional psychotherapeutic relationship, dual relationships or sexual intimacy between client and therapist is never appropriate and should be reported to the State Grievance Board.
* I do at times text with clients to schedule/cancel/ confirm appointments and do communicate via email as well. While I take steps to ensure privacy, I cannot guarantee that it not be violated by unauthorized third parties.

**Office Hours, client/family contact outside of session and Emergencies**

* Sessions are generally scheduled Tuesday through Thursday between 9am and 7:30pm or by appointment.
* I appreciate emails, phone calls, and texts from clients and family related to coordination of care. I am available to respond Monday through Thursday in between sessions and during non-client hours 9am-5pm, except in case of emergency. To ensure confidentiality, I only utilize text and email to schedule, cancel, and confirm appointments as I cannot guarantee that it not be violated by unauthorized third parties. Please contact me on my office line at 269-743-7360 ext 2 or [erin.arwady.lmsw@gmail.com](mailto:erin.arwady.lmsw@gmail.com).
* If you email or call me anytime after 5pm on Thursday or Friday through Sunday, your message or call will be replied/returned the following week. **Emergencies are an exception.**
* Client related emergencies include active suicidal ideation (inability to keep self safe), self -harm that requires medical treatment, active homicidal or violent behavior, domestic violence, and any behaviors that warrant police and/or mobile Crisis involvement.
* **In the event of an emergency, I should not be your 1st contact. Instead, please go to your nearest emergency room, call 911, or dial 269-381-HELP to reach the Gryphon Place 24 hour crisis-help line. Then contact me as previously discussed.**

**Session Fees and Responsibilities**

If you are using your insurance to pay for sessions, you may be responsible for session co-pays or deductibles previously established by your insurance company. These fees are due at the beginning of every session and can be paid by cash, check or credit card (all major carriers are accepted). If for any reason, you insurance company does not reimburse for a session, you are responsible for payment of my full session fees as indicated below:

Initial Intake Evaluation - $125.00

Ongoing Individual or family session- $110.00

If for any reason, you do not present co-pay at the time of session, I will send you an email invoice via Square that is due Friday at noon the week of your appointment. If the balance exceeds this time frame, you may jeopardize scheduling future appointments.

**Cancellation/No-show policy**

There is a $25.00 no-show or cancellation fee for all office visits. It is not my intention or desire to assess this fee, so ***Please contact me at 269-743-7360 ext 2 or*** [***erin.arwady.lmsw@gmail.com***](mailto:erin.arwady@gmail.com) ***to cancel or re-schedule your appointment at least 24 hours prior to your appointment.*** I ask that you call in advance so that clients waiting for appointments can use your previously reserved time slot.

* If a cancellation is made less than 24 hours in advance and this cancellation is due to unplanned emergency circumstances (child illness, death in the family etc.) the cancellation fee will be waived at my discretion.
* Should a client no-show or cancel an appointment without the required 24-hour notice, a bill for the full session fee will be sent to the client’s residence.
* Should you cancel at the last minute or no-show multiple times (More than 2), you may jeopardize you ability to schedule future appointments with me.

**Consent to Treatment and Acknowledgement of Receipt of Professional Disclosure** (Please initial where applicable)

\_\_\_\_\_\_I have read the Professional Disclosure and Informed Concent of Erin Arwady and have been provided a copy.

\_\_\_\_\_\_I consent to treatment and will voluntarily agree to participate in treatment.

\_\_\_\_\_\_I consent to the treatment of my child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of client or responsible party date

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Witness Date

\*\*\*\*\*\*Updated February 2018