



Connections for
Psychological Wellness

122 S Main St.
Vicksburg, MI 49097
269-612-6031

www.connectionsfovicksburg.com
Meredith@connectionsfovicksburg.com

Professional Disclosure Statement
Meredith Taft, MA LPC-S

Education and Experience: I received a Masters of Arts in Counselor Education from Western Michigan University in 2006. I have since worked as a counselor in school, home based counseling, and private practice. I have experience working with children, adolescents, families, and single adults in my practice. I have specialized training in EMDR, Cognitive Behavioral Therapy, Applied Behavioral Analysis, Acceptance and Commitment Therapy, and play therapy.

Practice: Connections is a private practice providing outpatient psychological therapeutic services. I offer 45-minute sessions for optimal therapeutic practice. Therapy is tailored for the needs of each individual and/or family. I serve individuals and families struggling with symptoms of trauma, depression, and anxiety.

Fee: I accept most major insurances including Blue Cross Blue Shield and Aetna. Call me at 269-612-6031 to verify insurance coverage. Out of pocket payment is \$95 for intake and \$90 for 45-minute therapeutic session. I require 24 hours of notice for cancellations.

Privacy and Confidentiality: The information you share with me is not shared with anyone else with your expressed written permission. Confidentiality is broken when you are a threat to yourself, another person, or when I am made aware of child or elder abuse. In each case I am required by law to report to the proper authorities. At times a court of law may order disclosure of confidential information. In such case, I would either request your permission, or request that the court not require the information, as it would damage the counselor/client relationship and impede your healing. If required, only minimal information is disclosed.

Emergencies: Emergencies happen, if you feel like you may harm yourself or others, or you are experiencing an anxiety attack please call 911 immediately. You are welcome to call me at 269-612-6031 if you need an unscheduled, emergency appointment. I will respond within 24 hours.

Client responsibilities: I require 24-hour cancellation/rescheduling notice when canceling an appointment. You will be charged for the full amount of the counseling session if appointment is cancelled less than 24 hours before your scheduled appointment.

Code of Conduct: In the event that you would like to file a complaint regarding services, send written complaints to the following location:

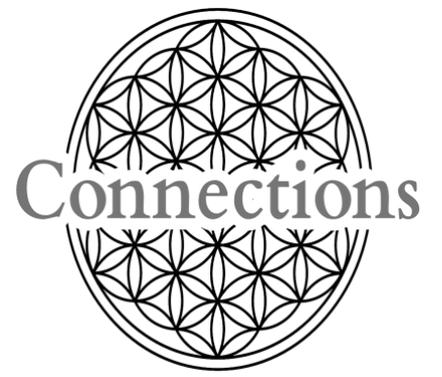
Michigan Department of Licensing and Regulatory Affairs
Enforcement Division
Allegations Section
PO Box 30670
Lansing MI 48909
(517) 373-9196

SIGNATURES: I have read and understand the Professional Disclosure Statement.

Client: _____ Date: _____

Therapist: _____ Date: _____

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