

PROFESSIONAL DISCLOSURE STATEMENT

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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

Sibel Ozer, MA, LPC, BCPC, ATR-BC
Michigan LPC License #6401013142

EDUCATION AND TRAINING

MA, Transpersonal Counseling Psychology / Art Therapy Concentration, Naropa University, 2007
MA, Clinical Psychology, Bogazici University, 1998
MS, Genetic Counseling, University of Istanbul, 1995
BA, International Studies, Allegheny College, 1992
EMDR, Level I & II, Istanbul, 2000
Gestalt Training Program, Cleveland Gestalt Institute, 2003
Sensorimotor Psychotherapy Training, Boulder, 2011

RELATED EXPERIENCE

Psychotherapist in private practice, Istanbul 1998-2000.
Grief Counselor and Art Therapist, The Denver Hospice, 2006-2009.
Psychotherapist in private practice, Denver, 2008-2011.
Legacy Therapist, University of Michigan, 2011-present.
Psychotherapist in private practice, Ann Arbor, 2013.

PUBLICATION

Gulgonen S, Demirbilek Y., Korkmaz B., Dervent A., Townes B. D. Neuropsychological Functions in Idiopathic Occipital Lobe Epilepsy. *Epilepsia*, 2000 Apr; 41(4): 405-411.

PROFESSIONAL CREDENTIALS AND AFFILIATIONS

Licensed Professional Counselor
Board Certified Professional Counselor
Registered and Board Certified Art Therapist
American Psychotherapy Association Member
American Art Therapy Association Member
American Mental Health Counselors Association

THERAPEUTIC ORIENTATION

Because of my training and clinical experience my theoretical orientation is a combination of Client-Centered, Gestalt and Transpersonal therapies. I work from a holistic framework, holding the central hypothesis that every person has the innate potential for personal awareness and psychological growth. I use art therapy and other expressive modalities as a way to explore and work through my clients' presenting problems

PSYCHOTHERAPY

Psychotherapy is different than other medical visits in that it calls for a very active effort on your part. In order for therapy to be successful, you will have to work on things we talk about during our sessions and at home. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to improved relationships, solutions to specific problems, and significant reduction in feelings of distress. However, there are no guarantees of what you will experience. For example, one risk of marital therapy is the possibility of choosing divorce.

CLIENT RIGHTS AND IMPORTANT INFORMATION

The Michigan Department of Community Health has the general responsibility of regulating the practice of licensed professional counselors who 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 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. 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.

Generally speaking, the information provided by and to the client is legally confidential and the therapist cannot be forced to disclose this information without your consent. There are exceptions to this rule, however. These exceptions include: reporting suspected child abuse and reporting imminent danger to client or others. These will be discussed at any time, and will be identified to you if such situations arise during the course of therapy. There may be times when I need to consult with a colleague or other professional about issues raised by clients in therapy. Client confidentiality is still protected during consultation by me and the professional consulted. Signing this disclosure statement gives me permission to consult as needed to provide professional services to you as client. You should be aware that, except in case of information given to a licensed psychotherapist, legal confidentiality does not apply in a criminal or delinquency hearing. Since I am registered as a licensed professional counselor, information provided during the course of therapy is confidential except for situations described above.

PROFESSIONAL FEE AND CONTACT INFORMATION

My standard fee is \$100 per hour. I will provide a negotiated sliding scale for persons paying for their own therapy, who have a financial need. Payment is due in full at the end of each session. I do not belong to any insurance plan networks at this time. I am happy to provide you with a bill/receipt for your sessions. The time of your scheduled appointment is reserved for you. If you need to cancel or reschedule your appointment, please do so at least 24 hours in advance. It is my policy to charge for cancellations received with less than a 24 hour notice.

I am often not immediately available by telephone, however check my messages regularly. I will make every effort to return your call on the same day with the exception of Sundays and holidays. If you are unable to reach me and feel that you can't wait for me to return your call, you can call 911, contact your family physician, or the nearest emergency room and ask for the psychologist or psychiatrist on call.

I have read the preceding information and understand my rights as a client. I have received an identical copy for my records.

Client Signature

Date

Therapist

Date