



Prosperity Counseling and Supervision, LLC

2520 Packard Street
Suite 4, Room 7 & 8
Ypsilanti MI 48197
734-480-8099

0. Melissa Rappaport Professional Disclosure Statement

Professional Disclosure Statement

Melissa Lou Rappaport, MA, LLC
Prosperity Counseling & Supervision, LLC
2520 Packard Road, Suite 4
Ypsilanti, MI 48197
Telephone: 734.203.0031
Fax: 734.999.3779

DESCRIPTION OF EDUCATION & EXPERIENCE

I earned a Master of Arts in Professional Counseling (2020) and K-12 School Guidance & Counseling degree from Siena Heights University (1997). I am a former elementary school teacher and K-12 school guidance counselor with 32 years of experience in education. I am certified in Telemental Health, and Child & Adolescent Anxiety Treatment. I have worked as an independent contractor-professional counselor at a private practice beginning summer of 2021 to present. My life's work as an elementary teacher, school guidance counselor, and now a professional therapist has been in providing a warm, judgment-free, and open space where understanding builds and learning to heal begins. I am cheerful, authentic, easy to relate to, with a passion for social justice, diversity, LGBTQ+ equality and advocacy. I am skilled in helping clients struggling with issues related to gender identity, gender expression, sexual orientation, and oppression.

COUNSELING PHILOSOPHY & SERVICES

My treatment modalities include Cognitive Behavioral Therapy, Unconditional Positive Regard, Client-Centered Therapy, Mindfulness, Self Care and Coping, and Internal Family Systems Theory. I have years of experience working with children, and teens struggling with anxiety, depression, PTSD, ASD, ADHD, interpersonal difficulties, life transitions, grief, loss, and with individuals who identify as queer, non-binary, gender non-conforming, trans, gay, lesbian, bisexual.

SPECIAL INTERESTS

Childhood trauma, depression, anxiety, ADHD, ASD, grief, loss, affirming LGBTQ+ youth

CONFIDENTIALITY & INFORMED CONSENT

Please see Notice of Privacy Practices and Informed Consent for Psychotherapy/Telehealth

DESCRIPTION OF PRACTICE

I currently provide outpatient therapy services through Prosperity Counseling & Supervision, LLC to ages 5-16. My primary goal is to help parents in strengthening the parent-child relationship and provide a safe environment for children to enhance well-being, support mood, behavior, social, or academic functioning.

CANCELLATION POLICY & NO SHOW POLICY

You may reschedule or cancel an appointment as long as the reschedule or cancellation is within 24 hours of your scheduled appointment. If you cancel an appointment with less than 24 hours notice, or fail to show at a scheduled appointment, your credit card on file will be charged a \$100 late cancel/no show fee. An exception is an emergency/illness.

For Medicaid clients it is against Medicaid policy to charge for late cancellations or no show appointments and are subject to the Medicaid late cancellation/no show policy

After 2 Late cancellations or no show appointments, you will be taken off a regularly scheduled appointment. If I don't have an appointment with you after 30 days your case will be closed.

I have read, understand, and agree to the above.

Client (Parent/Guardian Initials):

If you leave Michigan, either move or go for a trip, I can not hold a telehealth or phone session with you due to the Michigan state licensing restrictions that state clients must physically be present in the state that the licensed mental professional holds a license in. If you are going out of the state of Michigan at any point during your therapy with me you must notify Melissa Rappaport, M.A., LLC by canceling your appointment(s).

I have read, understand, and agree to the above.

Client (Parent/Guardian Initials):

You are responsible for notifying Melissa Rappaport, M.A., LLC if you need to cancel any appointments or you will be subject to a late cancellation or no show fee.

I have read, understand, and agree to the above.

Client (Parent/Guardian Initials):

FEES

I currently accept BCBS, Blue Cross Complete Medicaid, McLaren Medicaid, Meridian Medicaid, Molina Medicaid, and Priority Health Medicaid.

Self Pay Rates:

*Intakes: 60 Minutes, \$153

*Individual Session: 16-37 Minutes, \$72,

*Individual Session: 38-52

Minutes, \$98

*Individual Session: 53-60 Minutes, \$129

*Family Therapy with client: 26-50

Minutes, \$100

*Family Therapy without client: 26-50 Minutes, \$107

*Couples Session: 50 Minutes, \$100

*Crisis Session: 60 Minutes, \$120, Every 30 minutes past a 60 minute Crisis Session: \$75

*\$175 for Canceled/Missed Session without 24 hour notice.

*\$20 for copy of medical records/Not covered by insurance

*\$60 to write a letter/fill out forms (FMLA, etc.)/Not covered by insurance

For Commercial Insurance clients: I understand that if I have insurance and there is a lapse of insurance, the above self-pay rates will be charged. I understand the rates above are Melissa Rappaport, M.A., LLC self-pay rates.

For Medicaid Insurance Clients: I understand that I can not be charged the self-pay rates above, however, I will be taken off of Melissa Rappaport, M.A., LLC regular schedule until insurance is resolved or other accomodatoins are discussed.

I have read the above statement, understand the statement, and agree to the statement.

Client (Parent/Guardian Initials):

PAYMENT

I accept most major credit cards for payment. You are responsible for reimbursement costs and copays, as determined by your insurance company, at the time of service. Insurance does not cover the cost of late canceled or missed appointments which is your financial responsibility.

I have read the above statement, understand the statement, and agree to the statement.

Client (Parent/Guardian Initials):

IN CASE OF EMERGENCY

In case of an extreme life threatening emergency:

*Call 911

*Go to nearest emergency room

*Call Washtenaw County Crisis Hotline: 734-996-4747

*Call Suicide Hotline: 1-800-SUICIDE (1-800-784-2433)

COMPLAINTS & GRIEVANCES

If 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

Telephone: 517.373.9196

LIMITED LICENSED COUNSELOR LICENSE NUMBER:

6451019229

LICENSE EXPIRATION DATE:

03/30/2025