## **Client Information and Consent Form**

Welcome. This is to inform you of my basic policies for working with clients. Please read then sign this form. Retain a copy for your records.

## Degree & Licensure

Awarded Master of Science, Professional Counseling, College of Education at Georgia State University. State of Georgia licensure issued June 8, 2001. State of Maine licensure issued September 18, 2023.

- <u>Confidentiality</u> is an essential element of the therapeutic process. Information about you is held is strict confidence. It will not be discussed with or released to anyone without your written consent except in the following instances:
  - 1. If I believe a client is in danger of physical harm to self or others.
  - 2. When a minor or incapacitated adult is endangered by neglect or abuse.
  - 3. When I consult with a colleague or supervisor.
  - 4. When information is subpoenaed by a court of law.
  - 5. Information required by your insurance company / affiliate to process claims.
- I am trained to work with adults, families, groups and couples. Although trained in a number of therapeutic theories and approaches my approach is client-centered which means we work together as equals to achieve your therapeutic goals. Therapy is work and requires both the client and therapist to be actively engaged in the process. While my approach is non-directive, guidance is offered through compassionate inquiry, non-violent communication, congruency and non-judgement. With this in mind, therapy may help clients become more self-aware, improve psychological functioning and adjust behaviors and believes to align with their best self. Continued education is an essential aspect of licensure as well as staying current and abreast within the field of psychological counseling.
- The first few sessions will include gathering information about presenting issues, family of origin as you know or remember it, general background information which includes medical history, personal history, religious or spiritual influences and any information you believe pertinent for me to know.
- My fee is \$120.00. Phone calls exceeding 10 minutes are charged a prorated fee.
- Insurance pays for a 45-minute session. Hour sessions are an additional \$20.00. I am an approved provider for several insurance companies and Employee Assistance Programs. Because many insurance companies merge or otherwise change their name, please let me know with whom you have insurance coverage and we will work to obtain approval. You may wish to call your insurance company prior to making any appointment to confirm coverage.
- Payment is due at each session. Payments by check should be payable to Suzanne Waller, LCPC. Credit / Debit / HSA card payments are accepted. Some clients prefer venmo which is the only P2P that you may utilize if you so choose.
- Appointments are an essential aspect of therapy. Be considerate of yourself, others and your therapist.
  If you fail to keep your appointment or cancel with less than 48 hours' notice you will be charged a \$45.00 missed appointment fee.

PO Box 158 Brunswick, ME 04011

- If you have an <u>emergency</u> you may try to reach me at 770-598-4034. However, please be aware of the following:
  - 1. When I am unavailable the phones are forwarded to my confidential voice mail.
  - 2. Office hours are Monday through Thursday; phone calls are returned during those days
  - 3. I am not personally available 24 hours a day.

If the emergency is immediate, please go to your medical doctor, county mental health center or local hospital emergency room.

- <u>Text and email</u> messages are for appointment information / clarification; they are **not** a media for discussing therapy, therapeutic issues or personal matters.
- Counseling is a private and personal process and will be conducted meeting professional standards. Counseling is co-creative and therefore, I am not able to guarantee any specific results or outcomes however, I am always open to discussing any concerns or issues you may have with the process.

т	have read and understood the above guidelines
Print Name	have read and understood the above guidelines
and accept responsibility for all fees incurred. I have	received a copy of this document.
I understand the missed appointment fee of \$45.00 must be paid by me on or before follow-up	
appointment(s).	
Client Signature	Date