

*Suzanne Waller, NCC, LPC, LCPC  
PO Box 158  
Brunswick, ME 04011 770.598.4034*

*This information is provided to inform you of my qualifications and your rights.*

*Qualifications:*

*Licensed Clinical Professional Counselor  
CC7269 issued by State of Maine  
Issued: 09/18/2023*

*Licensed Professional Counselor  
LPC003440, issued by State of Georgia  
Issued: 06/08/2001*

*National Board of Certified Counselor  
NCC # 53912*

*Board Certified Tele-Mental Health  
BC-TMH-0767*

*Masters Degree, College of Education, Professional Counseling  
Georgia State University*

*Atlanta GA*

*March 1998*

*Bachelor's Degree, Business*

*Brenau University*

*Gainesville GA*

*May 1993*

*Confidentiality*

*What you say to me in our sessions is confidential and will not be shared by me with anyone, except in the following circumstances:*

*§ If there is a threat of serious harm to self or others;*

*§ If there is a suspicion of child abuse or abuse of elder or any incapacitated person;*

*§ If there is a court order to release records*

*§ If there is a voluntary release signed by client or guardian;*

*§ In defense against any legal action or formal complaint which client makes before a court or regulatory board;*

*§ During supervisory consultations in a peer group or in individual supervision I may anonymously discuss your case. These professionals are bound to these same confidentiality rules.*

*§ Information may be released to your insurance company as they require.*

*§ Insurance and billing related information will be handled by my employed or contracted billing service providers, all of whom are also bound to confidentiality.*

*My professional training includes working with adults, couples and groups, and at one point or another in my career I have done all of these things. I work from a "client-centered" perspective, meaning I will assist you in reaching the therapeutic goals important to you. The therapeutic process is just that – a process. Goals are set by you in collaboration with your therapist. My training includes a number of therapeutic theories and modalities, and*

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*I have woven these into an eclectic style that works for many clients. Through a combination of modalities, we will work together to address the issues you want to address through therapy. As your goals and expectations may change during the process, we will re-evaluate and adjust to meet your personal therapeutic needs. You are always encouraged to speak your thoughts, concerns and intentions with your therapist.*

*During our first few sessions, I will gather information regarding the presenting issue(s), family of origin, personal history, general personal information which will include medical, mental and substance abuse history, work and education history, and spiritual preferences.*

*Mental health therapy is often an on-going process. We will evaluate and assess your desired treatment goals frequently. You are encouraged to state your concerns and intentions at any time during our work together.*

*Fees & Insurance*

*Insurance companies are billed at \$120.00 per 45-minute session.*

*insurance companies for which I am currently a provider:*

*Anthem Blue Cross Blue Shield*

*United HealthCare / Optum*

*Aetna*

*UMR*

*Co-payments and deductibles are dictated by your insurance carrier. Accepted forms of payment are Cash, Check, HSA card, Debit card and Credit Card. All returned checks will be subject to fees charged by my current financial institution.*

*Sliding scale modifications are available on a limited basis. If financial challenges are an issue, please ask to discuss your options.*

*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 24-hours' notice you will be charged a \$45.00, missed appointment fee.*

*Notice*

*The practice of professional counseling is regulated by the Maine Board of Counseling Professionals and by the Georgia Secretary of State, Board of Professional Counselors, Social Workers, and Marriage & Family Therapist.*

*I \_\_\_\_\_ have read and understood the above and acknowledge that I have  
Print Name  
received a copy of this document.*

*Signature \_\_\_\_\_ Date \_\_\_\_\_*