

ALISON R. CASWELL, LCPC, CST

222 Auburn Street, Suite G4

Portland, Maine 04103

207-831-5396

Professional Disclosure Statement & Consent Form

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully. If you have any questions or concerns, please do not hesitate to talk with me.

Professional qualifications: I hold a Master's of Science (M.S.) degree in Mental Health Clinical Counseling from the University of Southern Maine, 2005. I am licensed as a Licensed Clinical Professional Counselor in the state of Maine, LCPC #CC3480, expiration date 3/31/20. I became a Certified Sex Therapist through AASECT, American Association of Sexuality Educators, Counselors and Therapists, in December 2013.

Areas of Competence and Course of Action: I am educated, trained and licensed to practice individual therapy, couples counseling/marriage therapy and group therapy. As a Licensed Clinical Professional Counselor, I am licensed to diagnosis and treat mental health disorders.

I strive to offer a safe and supportive therapeutic environment for you to feel comfortable to share and explore your concerns. I believe that it is possible to grow and make positive changes at any point in one's life and feel there is hope to be found even in the most difficult circumstances. I will seek to understand and appreciate who you are as a person and the unique experiences and issues you bring to counseling. The initial sessions will include a review and assessment of issues you present, and together we will formulate goals and a treatment plan. Future sessions may include a variety of therapeutic approaches such as IFS, Internal Family Systems Therapy, attachment hypnotherapy, mindfulness skills, and relational recovery therapy techniques. It is a privilege to be a part of this journey in your life.

While a goal of counseling is to make changes in your life in ways you identify, it is important for you to understand that specific results cannot be guaranteed. Also, it is not uncommon to occasionally experience discomfort as a part of the counseling process since change and growth can sometimes be difficult and unsettling. I encourage you talk with me about any concerns you have as they arise. Because of the nature of the counseling relationship, we will get to know each other quite well. Our work together will be collaborative, and it is important that you provide me feedback throughout the counseling process just as I will provide feedback to you. Your input is not only valued but is a necessary part of the counseling relationship. Also, it is important to know that our relationship is professional, and our contact will be limited to the counseling sessions.

Confidentiality: Because I want the counseling environment to be one that is safe and secure, information you share with me will be regarded with respect and handled in a professional, and confidential manner. The following, however, are exceptions to confidentiality:

1. Threat of serious harm to self or others;
2. Reasonable suspicion of abuse or neglect of a child, or abuse, neglect or exploitation of an incapacitated or dependent adult;
3. Court order;
4. Voluntary release signed by the client or guardian; and
5. During supervisory consultations.

Appointments: My office hours are Monday through Thursday 9:00 - 4:00 by appointment only. Sessions are 50-55 minutes in duration, in order to allow me to take notes about our session, prepare for my next client and to start appointments on time. If you are unable to keep an appointment, **please call or text within 24 hours to cancel or reschedule.** Without such notification, a \$75 fee will be charged for the missed session. Insurance will not cover this cost.

Fees and Insurance: Clients are expected to pay for services at the time they are rendered. My fee per session is \$125. I am an out-of-network provider for insurance. I can provide you with a receipt if you wish to submit to insurance if you have out of network benefits. Checks (preferred), cash, credit cards and Health Savings account cards are accepted.

Health insurance companies usually require that a mental health diagnosis be provided before they agree to reimburse for services rendered. If a diagnosis is required by your insurance company, I will inform you of the diagnosis I plan to submit. Any diagnosis given will become part of your permanent insurance record. With regard to most managed care plans, additional clinical information may be required in order to obtain authorization for continuation of counseling services (e.g. symptoms experienced, treatment plan). Once the information has been released to your insurance company, however, I cannot ensure its confidentiality.

Your rights regarding mental health counseling: Clients have the right:

- To expect that a counselor has met the licensure or registration requirements of the state law and rule;
- To examine a counselor's licensing credentials;
- To obtain a copy of the Code of Ethics of the Board of Counseling Professionals Licensure
- To file a complaint against a counselor with the board;
- To be informed of the cost of professional services before receiving services;
- To expect complete confidentiality except as required by law; and
- To refuse any recommended services and to be advised of the consequences of this action.

If you have questions or concerns about treatment, or become dissatisfied in anyway, please let me know. If together we are not able to resolve your concern, you may report your complaint to the Board of Counseling Professionals and Licensure, 35 State House Station, Augusta, ME 04333, (207) 624-8660 www.maine.gov/professionallicensing

In Case of Emergency: If you have an urgent situation or emergency, please go to the nearest hospital emergency room or call your local crisis hot-line (in the Portland area: 774-HELP or 774-4357, in York County: 1-800-660-8500).

Please feel free to discuss any questions or concerns with me that you may have about the counseling process. Please sign your name below if you have read and understand the above information and voluntarily agree to participate in the counseling process as stated in the document.

Client Date

Client Date

Alison R. Caswell, LCPC, CST Date