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Office Policies & General Information/Services Agreement/Informed Consent for Psychotherapy

Welcome to my practice. This document contains important information about my professional services and business policies. My goal is to present relevant information in a clear manner so that you may enter the therapeutic relationship with a good understanding of many aspects of psychotherapy services.

PROCESS OF THERAPY/EVALUATION/ AND SCOPE OF PRACTICE. Every individual is a complex human being and capable of changes and problem resolution. My theoretical approach is both “holistic” and systemic meaning that I believe nothing happens in a vacuum and everyone is unique. For that reason, we will be looking at your supports, as well as challenges in multiple areas of your life. It is my role as a counselor to help you understand and utilize your inner strengths and gifts to resolve these issues and motivate change.

My work tends to be solution focused and strength based. I am strongly influenced by interests in psychodynamic and relational therapies, cognitive behavioral therapy, positive psychology, creative and expressive arts, leadership development, social justice, and women's issues. Based on your unique needs and level of comfort, I may integrate methods and/or techniques drawn from many different schools of thought including, but not limited to conscious conversations, journaling, role-play, bibliotherapy, thought training, desensitization, and guided imagery.

I use both developing and evidenced-based treatments and techniques. Developing techniques are those that may be newer and in my professional opinion show promise; however, they do not yet have a strong body of research to support/verify their effectiveness. The evidence-based techniques that I use are those which have been in existence long enough to support/verify their effectiveness with clients who have goals like yours. My clinical practice is focused on *your* possibilities-possibilities for healing, possibilities for growth, possibilities for change, possibilities for learning, possibilities for insight and possibilities for understanding.

Central ideas in my work include the following:

- Challenging and difficult times in our lives afford us *opportunities to learn*. If we get “stuck” viewing them merely as problems, it is very likely that we will repeat those difficult times repeatedly and feel like a failure for doing so.
- We *all* do what we do for a reason--the choices we make *mean* something and usually serve a *purpose for us*.
- We take our experiences from childhood (and the lessons we learned from those experiences) into our adulthood. Often, as adults we need to *unlearn* some of those faulty lessons and *re-learn* more effective strategies for solving problems.
- The more time we spend focusing on “problem talk,” the more time we spend in the midst of the problem; and, conversely the more time we spend focusing on “solution talk,” the more time we spend during the solution.
- The goal of my work with you is to help you find *solutions and possibilities* to the challenges that you are facing *today*.

As a first step in counseling, we will begin to develop a genuine, therapeutic relationship based on trust, honesty, and openness. Therefore, in the initial session I will tell you a little about my professional beliefs, background, the limits, and scope of confidentiality and most importantly your rights and responsibilities. I will also listen attentively to you. Then I will conduct an intake interview and screening to obtain

information about you, as well as your expectations for counseling. During the next couple of sessions, I will collect more information to further define your life situation including problems, current needs, concerns, and aspirations to complete my assessment and diagnosis. In addition, I may ask you to visit a physician to rule out any biological causes for your distress before continuing forward in the counseling process. In the case of issues or concerns beyond my scope of competence, I will make every effort to refer you to a more qualified professional. Then I may ask what you may already be doing to contribute to the resolution of the problem. We will establish your goals and objectives. This information is written up in the form of a treatment plan and progress is reviewed on a regular basis. During these periodic reviews, we will evaluate our work together; determine the need for additional sessions, termination, and/or outside referral for further counseling or assistance.

An important part of your therapy will be practicing new skills that you will learn in our sessions. I will ask you to practice outside of our time together and assign homework assignments for you. I might ask you to do exercises, keep records, or perhaps do other tasks to strengthen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change. Change is sometimes easy and quick, but more than likely it will be slow and frustrating. You will need to keep trying. There is no instant, painless cures or ‘magic pills.’ However, you can learn new ways of looking at your situation that will be very helpful for changing how you think, feel, and react.

RISKS AND BENEFITS OF PSYCHOTHERAPY. Please be aware that, as with treatments in most forms of health care, psychotherapy has both benefits and risks. Benefits may include the resolution of the specific concerns that led you to seek therapy, significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, and increased skills for managing stress. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your active involvement, honesty, and openness to change your thoughts, feelings, and/or behavior. I will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Also, during evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged, or disappointed. In addition, attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended such as decisions about changing behaviors, employment, substance use, schooling, housing, or relationships and there is no guarantee that psychotherapy will yield positive or intended results.

APPOINTMENTS/CANCELLATIONS. Typically, at the onset of treatment, sessions are scheduled weekly on the hour from 10 AM to 6 PM. Monday-Thursday. I do make earlier and later appointments, but these are reserved for long standing clients. I will schedule your next appointment at the end of each session and collect your co-pay if applicable. Although I may be at my office Monday through Friday, I don't take phone calls when I am with a client. Please leave a message on my voicemail and I will return your call as soon as possible. Generally, I will return messages within 24 hours except on Saturdays, Sundays, and holidays. Please note that I do not provide crisis counseling and cannot promise that I will be always available.

I make every effort to accommodate as many clients as possible during a limited time I have available during the week. For that reason, it is necessary to have a cancellation policy that is fair and reasonable for all concerned. I consider our meetings very important and ask you to do the same. Your session time is reserved only for you. Therefore, a minimum of 24 hours (1 day) notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged to your credit card on file for failure to provide the minimum 24 hours' notice for any missed or cancelled appointments. If no credit card exists on file, then you will be expected to pay for the missed session prior to your next scheduled appointment. Kindly, initial, stating that you are aware of the \$150 for any missed or cancelled appointments without 24-hour prior notice _____ (Please Initial Here).

It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for the fee as described above. The only time I will waive this fee is in the event of a serious or contagious illness, extreme weather, or family and/or personal emergencies (i.e., accident, hospitalization, etc.) In addition, you are responsible for arriving to your session on time; if you are late, your appointment will still need to end on time.

If you neglect to cancel or simply do not show up for your appointment, your services will be in jeopardy of being discontinued and subject to a "CALL FOR APPOINTMENT" list. This means that to obtain an appointment, you must call daily to determine any availability for that day. If there are no available appointments for the current day, then you will need to call another day to check availability.

PROFESSIONAL FEES. Payment for services is an important part of any professional relationship. Therefore, you are fully responsible seeing that my services are paid in full. Meeting this responsibility shows your commitment and maturity to the counseling process. The standard fee for the Initial Assessment is \$200.00 and each subsequent session is \$150.00. As a courtesy for you, I will bill your insurance company, EAP or other responsible party or third-party payer. I do not charge for customary insurance filing and work with several insurance companies via managed care contracts and responsible for filing claims for my services; however, you must pay your copay at the time services are rendered. There are no exceptions. Out of network insurance companies are accepted, but you may be required to pay the difference. Payment arrangements are discussed during your initial session.

In the event you have not met your deductible, the full contracted fee is due at each session until the deductible is satisfied. If your insurance company denies payment or does not cover counseling, I request that you pay for services as they are rendered. If an account is overdue and turned over to a collection agency, the client or responsible party will be held responsible for any collection fee charged to this office to collect the debt owed. Please make all checks payable to Kim Shaffer, LCPC Counseling Services, LLC. **It is my policy to keep a credit card on file to be used for cancellations, charges not covered by your insurance, fees, or other types of professional services rendered.**

Payments can be made by check, cash, or credit card. Any checks returned to my office are subject to an additional fee of up to \$50.00 to cover the bank fees that I incur. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

In addition to weekly appointments, it is my practice to charge \$150/hr. on a prorated basis for other professional services that you may require such as: site visits, written correspondence letters to other practitioners, reading of reports/records, consultation with other professionals, attendance at meetings that you have requested, longer sessions, and travel time, etc. will be charged at the same rate, unless indicated and agreed upon otherwise. Also, all reports and written correspondence will require 30 days' notice and must be paid before the documents will be sent.

Occasionally, clients will request that I complete paperwork to advocate for their needs outside of a therapy session or attend meetings at schools. Examples include, but are not limited to court documents, letters of therapeutic engagement, school accommodations, IEP meetings, and addiction/ rehabilitation treatment, etc. The fee for producing paperwork or advocating for your needs is \$37.50 for every 15 minutes of work. However, the completion of paperwork or advocacy fees will not be charged unless these services are requested and mutually agreed upon.

Testing costs vary dependent upon the recommended testing modules as well as my scope of practice. Costs will be discussed based on my recommendations prior to administering the tests so that you may make an informed decision.

As with other professions, all fees will be based on travel time portal to portal and the time involved in providing the service at my regular fee schedule with a minimum fee of \$150/hour plus mileage if applicable. In addition, all telephone consults are also billed at regular rates. The first 15 minutes I consider a professional courtesy to our relationship; thereafter, the time is billed at regular rates to the nearest quarter hour. Sessions are 45 to 60 minutes in length.

Please notify me if any problems arise during therapy regarding your ability to make timely payments. Insurance companies do not reimburse all issues/conditions and/or problems, which are dealt with in psychotherapy. Therefore, it is your responsibility to verify the specifics of your coverage.

LEGAL TESTIMONY

Sometimes during treatment, a client might request a letter or report to a third party for legal purposes, or request that depositions or legal expert witness testimony be provided by the clinician. If it is determined that such action is in the client's best interest, the clinician will proceed with written consent from the client, to offer such services at a rate of \$200 per hour plus expenses discussed in advance, payable at the time of service. Travel time will be billed at the same hourly rate.

In the event that a formal subpoena for records or testimony is received, the policy will be as follows: 1) The client will be notified in writing and provided with a copy of the subpoena, 2) The client must either provide the clinician with a waiver of objection to the subpoena in writing **OR** 3) the client must indicate that an objection will be filed with the court by the client's attorney with a copy sent to the clinician **AND** 4) if an objection to the subpoena is to be filed with the court it is the responsibility of the client to do so. All services provided and expenses incurred by the clinician for court related issues such as but not limited to contact with attorneys, depositions, travel, and courtroom proceedings will be charged to the client as per my regular professional fees and payment policies. Payment in full is required prior to release of legal documentation.

INSURANCE BILLING

It is essential that you tell me about all possible insurance plans you have that might cover my services (ex. if you have Medicare in addition to a secondary policy, or coverage through your work and a family member's work). Please be aware that I will be required to provide a diagnosis on invoices and claims, and coverage may be limited to certain mental health conditions. Even if you have coverage for unlimited sessions, health plans may review treatment, limit coverage, and request treatment notes. You are responsible for verifying and understanding the limits of your coverage. Although I am happy to assist you in your efforts in obtaining insurance reimbursement, I am unable to guarantee whether your health plan will provide payment for the services provided.

If I am a provider with your plan: I will submit claims for you, but at our session you must pay any copayment or coinsurance, or any portion not covered by your plan. There may be a deductible (an amount you will need to pay out of pocket) before your plan begins covering sessions. If insurance does not pay as expected, you remain responsible for the balance.

If I am NOT a provider for your plan: You will pay me in full at the session. I can give you an invoice if you wish to seek reimbursement from your plan, though many plans do not cover sessions with a provider who is not in their network.

TELEHEALTH Technology has provided new opportunities for you to receive therapy even when you can't make it into my office. I provide services via phone or video to clients whom telehealth services are a good fit. Benefits of telehealth services include convenience and accessibility. Risk includes the risk inherent to technology use, such as data being intercepted, or others at your end of the conversation over hearing. I encourage you to make sure that you have a quiet private space for our scheduled telehealth sessions. While research has generally been supportive of telehealth for the treatment of a variety of individual diagnosis, there is little research to date on the effectiveness of telehealth for couple or family-based services, and as such, these services are best categorized as experimental in nature. If you are using third-party reimbursement such as insurance this service may not be eligible for reimbursement.

TERMINATION/DISCHARGE. Most of my clients elect to see me once a week for about 3 to 4 months. After that time, we may choose to meet less often for several more months. Then counseling usually comes to an end. The process of ending therapy is called "termination or discharge" and can be a very valuable part of our work. Therefore, stopping therapy should not be done casually and either of us may decide to end it if we believe it is in your best interest.

However, if at any point during psychotherapy, I either assess that I'm not effective in helping you reach the therapeutic goals or perceive you as non-compliant or non-responsive to therapy, I will discuss with you the termination of treatment and conduct pre-termination counseling with you. In such case, if appropriate and/or necessary, I will give you a couple of referrals that may be helpful. Also, you have the right to terminate therapy and communication at any time and/or change therapists. If you choose to do so and upon your request, I will provide you with the names of other qualified professionals whose services you might prefer and assist with the transition.

In addition, a referral to another provider may become necessary if it becomes clear that in my opinion your issues would be better treated by a professional with a different expertise. It is unethical for me to practice beyond the level of my competence, education, training, or experience. I am not responsible for the care received from professionals to whom I refer you.

If you choose to stop therapy at any time, I ask that you meet with me for at least one additional session to review our work together. At that time, we will review our goals, the work we have done, any future work that needs to be done, and our choices. In addition, if you would like to take a "time out" from counseling to try it on your own, we should discuss this. By doing so we can often increase the benefits of your "time out".

Approximately six months after our last session, I may send you a brief set of questions to reflect at our work together and describe your progress. I ask that you agree, as part of entering therapy with me today, to return this follow-up form and be very honest.

CONFIDENTIALITY. My policies about confidentiality, as well as other information about your privacy rights are fully described in a separate document entitled Notice of Privacy Practices. You have been provided with a copy of that document. All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.

HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS. Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP to process the claims. If you so instruct me, only the minimum necessary information will be communicated to the carrier. I have no control over, or knowledge of, what insurance companies do with the information I submit or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to hacking and unauthorized access. Medical data can also be legally accessed by law enforcement and other agencies, which also puts you in a vulnerable position.

TREATMENT OF MINORS: Clients should be aware that Maine law allows minor children to independently consent to and receive mental/behavioral health treatment for certain circumstances without parental consent and, in that situation, information about treatment cannot be disclosed to anyone without the minor child's agreement. While privacy in psychotherapy is very important particularly with teenagers, parental involvement is also essential to successful treatment, particularly with young children. Therefore, it is my policy not to provide treatment to a child under 12 unless he/she agrees that I can share whatever information I consider necessary with his /her parents. For children 12 and older, I request an agreement between the child and the parents allowing me to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child's agreement, unless I feel there is a safety concern, in which case I will make every effort to notify the child of my intention to disclose information ahead of time and handle any objections that are raised.

- If I am seeing a child whose parents are in the process of divorce or who are already divorced, I require a copy of the standing court order demonstrating the custodial rights of each parent and/or the parenting agreement that is signed by both parents and the judge at the first intake session. I will need to have contact with the parent who has legal custodial decision making for medical issues before I see the child for therapy and obtain written consent for the child to participate in therapy from the legal custodian(s). My preference is to have contact with both parents before seeing the child unless other extenuating circumstances exist to prevent this from happening.
- If the custodial rights change during therapy, I must be notified by the parent who previously had the custodial rights and require all modified and updated copies of the standing court order demonstrating the custodial rights. Failure to do so could lead to termination of the therapeutic relationship.
- I will be available to provide an interview with guardian ad litem (GAL) assigned to investigate the best interest of any child that I am providing therapy to, upon production of a court order demonstrating the GAL's right to examine your child's clinical record or speak with me. Otherwise, the adult client or parents of the child will need to sign a release for me to speak with the GAL. The client will be charged a full session fee for me to have such meeting with a GAL.
- I will provide a summary of a child's therapy progress, treatment plan information, and parent recommendations to both parents who share in the legal custody of the child I am providing therapy to and will offer and encourage opportunities for both parents to participate in parent consultations along the way unless prohibited.
- On occasion, sessions involving family members will be recommended. Therefore, depending on the case, I may need to see the child with each parent separately along with siblings and /or other significant family members who live in the homes where the child lives. In this case, you will be asked to sign a Collateral Therapy Contract.

For children experiencing the divorce, separation, or distancing of parents, a safe and neutral setting to discuss their feelings can help ease the transition. For your child's therapy to be effective, it is important for you to understand how treatment works and to agree to the terms and conditions specified.

COUPLES COUNSELING: Please note that in couples counseling, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner if applicable. Please note that this does not apply if you reveal to me information that might put your life at risk. If I am put in a position of being asked to keep a secret, due to ethical reasons, I may have to terminate my work with you. If any person from any party wishes to release information found in the clinical record, I require that both parties sign the release.

EMERGENCY. If there is an emergency during therapy, or in the future after termination, where I become concerned about your personal safety, the possibility of you injuring someone else, or about you are receiving proper psychiatric care, I will do whatever I can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name you have provided on the Demographics sheet.

LITIGATION LIMITATION. Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you, nor your attorney(s), nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding without careful consideration of the risks vs benefits. Nor, will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

CONSULTATION/SUPERVISION. I consult regularly with other professionals regarding my clients; however, each client's identity remains completely anonymous, and confidentiality is fully maintained.

USE OF TECHNOLOGY COMMUNICATIONS. My office practice uses different technology devices in providing services. For example, I am frequently asked to communicate with clients via email or to call cell phones to return calls. It is important for you to know that these methods come with additional risks. These risks include, but are not limited to the following:

- The possibility of technology failure resulting in messages/information not being received.
- The possibility of misunderstanding is increased with text-based modalities such as texts or email due to the absence of nonverbal/visual cues.
- Use of email may result in various servers creating permanent records of these transactions.
- Many employers and government agencies review email archives on a routine basis, record letters typed on a keyboard, and/or engage in data mining programs to identify transmissions containing specified content.
- My email is not always checked daily and may result in a possible lack and turnaround/response.
- Confidentiality maybe breached at many points when using an electronic communication including unauthorized monitoring/interception of transmissions from your computer and my own; it may also be breached as the information passes through the servers along the route to each other. This means that it is possible that third parties may access your records/communication.
- Information communicated online may be viewed by others.
- Assessment/diagnosis often becomes more difficult without the benefit of face-to-face contact.
- Your insurance may not cover technology- assisted distance counseling.
- Your insurance company may also consider our electronic communication in all forms to be part of the medical record and request them.
- Our email communication is not encrypted.

I cannot guarantee confidentiality when you and I communicate via cell phone, fax, email, text, or computer etc. These devices could compromise confidentiality. By understanding the inherent risk of the devices, you can make an informed choice about when/where/how to use those tools.

You have been informed of the numerous risks of compromising confidentiality by using the devices related to the use of technology. By signing the **INFORMED CONSENT FOR PSYCHOTHERAPY** at the end of this document you are indicating your informed choice to use such devices to send and receive communication to and from me via text, cell phone, fax, email unless otherwise indicated to me in writing. However, for the reasons stated above I will only use e-mail and texts for business- related or logistical communication and not as a means of therapy.

In addition, you are indicating that you were aware of my technology policies and the risks and limitations associated with each of these practices. You may change or revoke these preferences at any time, either verbally or in writing.

COMPUTERS, AND FAXES. It is very important to be aware that computers and unencrypted email, texts, and e-faxes communication (which are part of the clinical records) can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, texts, and e-faxes are vulnerable to such unauthorized access since servers or communication companies may have unlimited and direct access to all emails, texts and e-faxes that go through them. Data on my laptop is encrypted, however, it is always a possibility that e-faxes, texts, and email can be sent erroneously to the wrong address and computers. However, my laptop is equipped with a firewall, a virus protection, and a password, and I back up all confidential information from my computer on a regular basis onto an encrypted hard drive. If you decide to avoid or limit, in any way, the use of email, texts, cell phones calls, phone messages, or e-faxes please notify me in writing. If you communicate confidential or private information via unencrypted email, texts, or e-fax or via phone messages, I will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and I will honor your desire to communicate on such matters. Do not use texts, email, voice mail, or faxes for emergencies.

CELLULAR PHONES. My primary office phone is a mobile cellular phone. Due to the nature and technology of all cell phones, I cannot guarantee all conversations via cell phone are confidential and not heard by others who may have devices with which they inadvertently pick up cell communications. I am the only person with access to my phone and it is password-protected to ensure confidentiality, as is my voice mail. Also, be aware that phone messages are transcribed and sent to me. I take all reasonable steps to protect your confidentiality but when leaving a message please keep the limits of cell phones in mind, leave a limited message and I will get back to you as soon as possible. Any cell lines used to contact you are *not* caller ID blocked therefore my name and number will appear on your caller ID. If you prefer that I do not contact, you via cell phone please indicate in writing. It is your responsibility to leave a phone number to which you are comfortable receiving calls.

EMAILS. I will use email or text messages to communicate changes in appointment times and brief messages only. Email is not intended to be an adjunct to our appointments. If you choose to provide me with an email address, I will respond or send messages only to the email you provide. E-mail sent from a different account other than the one you designate will not receive a response. This is to ensure that you are in fact the person communicating with me. Please update any changes in email preferences with me by phone, or at your next appointment. Please be aware there are risks associated with email communication. I cannot guarantee that email sent or received is confidential. I am the only person with access to my email account, but I do not use an encrypted email account and cannot guarantee the confidentiality of online communication. If you provide an email address or sign the informed consent for use, it is my understanding that you are aware of the risks and limits of email communication and choose to do so. I check my email each day, and we'll return your communication as soon as possible. Emails sent after normal office hours may not receive a response until the next business day. I do not monitor my email on a continuous basis, and under no circumstance should email be used as a means of contacting me should you experience an urgent situation or crisis. If you choose to provide an email address, please do so. I use a secured wireless network to communicate with you but email you may send over an unsecured wireless network cannot be guaranteed to be confidential. You should be aware that any email received is printed and becomes part of your client record. If you choose to provide an email address, please do so.

ELECTRONIC SUBMISSION OF INFORMATION. This office uses electronic submission of certain bills to third party payers. If you have questions regarding this practice, please speak to me. You may also find information in the HIPAA paperwork you received.

TEXT MESSAGING. This office uses text messaging as a means of reminding clients of their upcoming appointment. You may participate in this service by providing a cell number or email address for me to send a text message. This office uses a third-party, web-based service to send the text, so it may appear to be from unidentified source. This is to protect your confidentiality and privacy. If you wish to receive text t appointment reminders, please provide a mobile cell number, and email address. Texting is not an adjunct to therapy and should be used only for appointment changes or other short communication. Texting is not completely confidential and should not include content related to the therapeutic process. Any text sent is printed as part of your legal file and placed in the client's file, as with any other communication.

FACEBOOK/SOCIAL MEDIA. I do not accept requests from current or former clients on any social networking site. This policy is to protect your confidentiality and our respective privacy, and to maintain the therapeutic boundaries necessary in our relationship. If you would like to "Like" my professional Facebook page, or "Follow" me on Twitter, you may do so at your own risk. **This is not at any time a way to contact with me for therapy related discussion, even in an emergency.** If you would like me to review your social media interactions as part of our therapeutic work, please print what you would like me to review and bring it with you to session. Even if you or your child's social media accounts are public, I will not examine them without your special consent and direction. Please note that any social media apps you may use may seek to connect you with me or with other visitors to this office through a "people you may know" or similar feature. I have no control over apps that may intrude on the privacy of your treatment in this way. If you would like to minimize the risk of others becoming aware of your connection

to me or this office, please make use of the privacy controls available on your phone. Turning off a social media app's ability to know your location, and refusing it access to your email account and the account and the contacts and history in your phone, protect your privacy and confidentiality.

EMOTIONAL SUPPORT ANIMALS Under limited circumstances, I will issue Emotional Support Animal letters to clients under my care, who, in my judgment, would benefit from such an animal. ESAs are not the same as service animals, and you do not have the same legal rights with an ESA that owners of service animals do. ESAs are primarily recognized in air travel and housing contexts. If you are interested in obtaining an ESA letter, please let me know so that I may conduct a proper assessment. Not everyone qualifies for an ESA letter. My fee for an essay assessment is \$100. My fee for writing and delivering the ESA letter if I determine that you qualify is \$50.

ANIMALS IN THE OFFICE On occasion, I bring my Shichon dog, Lily to the office with me. If you have allergies, phobias, or other concerns with me doing so, please let me know and I will be happy to leave Lily at home or in the care of trusted loved ones on the days we meet. All other animals except for trained service animals are not allowed in the office.

RECORDING SESSIONS On occasion, you may find that you would like to record a portion of our session, to refer to at a later period. Please discuss this with me at the time, so that together we can select what will be most helpful for you to have a record of. If you are here for couple or family therapy, everyone present must agree to the recording for the recording to occur.

THREATS, HARASSMENT, and INTIMADATION If you engage in threats, harassment, or intimidation toward me or others in this office, this may be grounds for immediate termination of therapy. You also grant permission for me to share information about any threatening behavior with law enforcement and /or others as I believe necessary to protect my safety and that of others.

RECORDS AND YOUR RIGHT TO REVIEW THEM: By law and the standards of my profession, I am required to keep appropriate records of the psychotherapy services that I provide for at least 7 years. Your records are maintained in a secure location in the office. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Please note that clinically relevant information from emails, texts, and faxes are part of the clinical records

Except in unusual circumstances that involve danger to yourself, you have the right to request in writing a copy of your file within 30 days. Because these are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request. However, when more than one client is involved in treatment, such as in cases of couple and family therapy, I will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in the treatment.

CONTACT & EMERGENCY PROCEDURES. I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If an emergency arises, indicate it clearly in your message and if you need to talk to someone right away call: 1-888-568-1112 24-hour crisis line or go to your local emergency room. Please follow up by contacting me via e-mail or calling 207-991-5818.

Please do not use email or faxes for emergencies. I do not always check my email or faxes daily.

I will make every attempt to inform you in advance of planned absences and provide you with the name and phone number of the mental health professional covering my practice.

THERAPIST EMERGENCY OR INCAPACITATION In the event of my unexpected absence, I maintain a Professional Will that appoints a colleague to contact you on my behalf. This colleague is only granted access to your file or contact information in the limited instance that I become unexpectedly absent from practice, and I'm unable to contact you myself to arrange for continued care.

MEDIATION & ARBITRATION. All disputes arising out of, or in relation to, this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Kim Shaffer, LCPC and the client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed upon. If mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Penobscot County, ME in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, if your account is overdue (unpaid) and there is no agreement on a payment plan, Kim Shaffer, LCPC can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum as and for attorney's fees. In the case of arbitration, the arbitrator will determine that sum.

MULTIPLE RELATIONSHIPS. Psychotherapy is a professional service I will provide to you. Because of the nature of therapy, your relationship with me must be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. If you and I were to interact in any other ways (e.g., social, business, etc.) we would then have a "multiple relationship." Multiple relationships may compromise our treatment and therefore, are discouraged in the mental health profession. To offer all my clients the best care, my judgment needs to be unselfish and purely focused on your needs. Therefore, your relationship with me must remain professional in nature.

However, despite this popular perception, not all multiple relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs my objectivity, clinical judgment or can be exploitative in nature. I will assess carefully before entering non-sexual and non-exploitative dual relationships with clients. It is important to realize that in some communities, particularly small towns, small communities, military bases, university campuses, spiritual and rehabilitation communities, etc., multiple relationships are either unavoidable or expected. I will never acknowledge working with anyone without his/her written permission. Many clients have chosen me as their therapist because they knew me before they entered therapy with me, and/or are personally aware of my professional work and achievements. Nevertheless, I will discuss with you the often-existing complexities, potential benefits and difficulties that may be involved in dual or multiple relationships. Multiple relationships can enhance trust and therapeutic effectiveness but can also detract from it and often it is impossible to know which ahead of time. It is your responsibility to advise me if the dual or multiple relationships becomes uncomfortable for you in any way. I will always listen carefully and respond to your feedback and will discontinue the dual relationship if I find it interfering with the effectiveness of the therapy or your welfare and, of course, you can do the same at any time.

SOCIAL NETWORKING AND INTERNET SEARCHES. At times, I may conduct a web search on my clients before the beginning of therapy or during therapy. If you have concerns or questions regarding this practice, please discuss them with me. I do not accept friend requests from current or former clients on social networking sites, such as Facebook. I believe that adding clients as friends on these sites and/or communicating via such sites can compromise their privacy and confidentiality. For this same reason, I request that clients not communicate with me via any interactive or social networking web sites.

STORM CANCELLATION/PARKING. Due to inclement weather, there are times that I must close the office. This information will be available on WLBZ Channel 2 Storm Watch.

INFORMED CONSENT FOR PSYCHOTHERAPY

I ACKNOWLEDGE RECEIPT AND UNDERSTAND OF THIS OFFICE POLICIES AND GENERAL INFORMATION AND BY SIGNING BELOW, I CONSENT TO MENTAL HEALTH AND/OR /SUBSTANCE ABUSE TREATMENT PROVIDED BY THIS CLINICIAN. I AUTHORIZE ELECTRONIC BILLING TO BILL MY INSURANCE COMPANY FOR THE DATES OF SERVICES RENDERED TO ME. I AUTHORIZE THIS PRIVATE PRACTICE TO DISCLOSE TO THE CLEARINGHOUSE AND/OR MY INSURANCE COMPANY OR OTHER AUTHORIZED BENEFITS PROVIDER ALL INFORMATION THAT IS CUSTOMARY AND NECESSARY TO PROCESS MY BENEFITS CLAIM (S). IN ADDITION, I AUTHORIZE THIS PRIVATE PRACTICE TO SUBMIT BILLING ON BEHALF OF THE ABOVE-NAMED CLIENT TO RECEIVE PAYMENT FOR SERVICES AND AUTHORIZE PAYMENTS TO BE MADE DIRECTLY TO THIS PRIVATE PRACTICE THERAPIST, AS APPROPRIATE. IT IS UNDERSTOOD THAT THIS DOES NOT GUARANTEE IN ANY WAY THE PAYMENT OF SUCH A CLAIM; THAT SUCH PAYMENT IS SOLELY THE RESPONSIBILITY OF THE CLIENT OR PARENT/GUARDIAN) AND/OR THE BENEFIT PROVIDER NOT THE COUNSELOR. I UNDERSTAND THAT IF I HAVE AN INSURANCE PLAN, WHICH REQUIRES ME TO HAVE A REFERRAL/AUTHORIZATION, AND I DO NOT HAVE ONE FOR MY FIRST VISIT THAT I WILL BE 100% RESPONSIBLE TO PAY THE BILL IN FULL. I ALSO AGREE TO PAY ANY DEDUCTIBLE, COPAY AND/OR CO-INSURANCE AT THE TIME OF MY VISIT AND ANY FEE FOR SERVICE THAT IS NOT COVERED UNDER MY INSURANCE PLAN. BY SIGNING BELOW, I AUTHORIZE THIS CLINICIAN/PRIVATE PRACTICE TO SUBMIT TO A THIRD-PARTY COLLECTIONS AGENCY ANY PAST DUE BALANCES THAT ARE OVER 60-DAYS AFTER TERMINATION OF SERVICES, FOR THE PURPOSES OF OBTAINING PAYMENT FOR THOSE PAST DUE BALANCES. I ALSO UNDERSTAND THAT I AM PERSONALLY AND FINANCIALLY RESPONSIBLE FOR MISSED APPOINTMENTS IF I HAVE NOT NOTIFIED KIM SHAFFER, LCPC 24 HOURS IN ADVANCE. I HAVE BEEN INFORMED OF THE RISKS AND LIMITATIONS ASSOCIATED WITH THE USE OF TECHNOLOGY DEVICES AND CONSENT TO THEIR USE UNLESS OTHERWISE STIPULATED IN WRITING. I UNDERSTAND MY RIGHTS AND RESPONSIBILITIES, AS WELL AS ACKNOWLEDGE THE CIRCUMSTANCES UNDER WHICH KIM SHAFFER, LCPC IS LEGALLY OBLIGATED TO WAIVE CONFIDENTIALITY. I UNDERSTAND THAT AFTER THERAPY BEGINS, I HAVE THE RIGHT TO WITHDRAW MY CONSENT TO THERAPY FOR ANY REASON AND AT ANY TIME. HOWEVER, I WILL MAKE EVERY EFFORT TO DISCUSS MY CONCERNS ABOUT MY PROGRESS WITH KIM SHAFFER, LCPC BEFORE ENDING THERAPY. MY SIGNATURE BELOW INDICATES THAT I HAVE DISCUSSED ANY POINTS I DID NOT UNDERSTAND, AND I'VE HAD MY QUESTIONS, IF ANY, FULLY ANSWERED. THEREFORE, I HEREBY AGREE TO ENTER INTO THERAPY WITH KIM SHAFFER, LCPC AND COOPERATE FULLY AND TO THE BEST OF MY ABILITY. FURTHERMORE, I UNDERSTAND THAT NO SPECIFIC PROMISES HAVE BEEN MADE TO ME BY THIS THERAPIST ABOUT THE RESULTS OF TREATMENT, THE EFFECTIVENESS OF THE PROCEDURES USED BY THIS THERAPIST, OR THE NUMBER OF SESSIONS FOR THERAPY TO BE EFFECTIVE. FURTHERMORE, I AGREE TO ACCEPT THE RISKS AND USE TECHNOLOGY DESPITE THE RISKS AND LIMITATIONS OUTLINED IN THIS DOCUMENT.

I HAVE READ THIS FORM AND UNDERSTAND ITS CONTENTS.

Client's Signature: _____ Date: _____

PLEASE SIGN THE FOLLOWING IF USING YOUR INSURANCE OR EMPLOYEE ASSISTANCE PROGRAM:

"I authorize the release of any information necessary (including notes, treatment summaries and diagnosis) to process insurance or Employee Assistance claims, to prove medical necessity for treatment, to request additional sessions, or to comply with mandated quality control or administrative chart reviews from the insurance plan."

(Sign Here) : **X** _____ **EAP** __ Yes __ No __ NA

I authorize payment of benefits to Kim Shaffer, LCPC

(Sign Here): **X** _____