

**KIM SHAFFER, LCPC COUNSELING SERVICES LLC**  
**2025 Glenwood Avenue**  
**Hermon, ME 04401**  
**207-991-5818**

**PROFESSIONAL DISCLOSURE STATEMENT**

**License # CC4063**

The purpose of this **Professional Disclosure Statement** is to provide you with important information regarding my work with you. As my client, you have the right to know my qualifications, methods, and mutual expectations of our professional relationship. This information is for your benefit so that you can enter a therapeutic relationship in an informed manner. It's for you decide if my services are suitable to your needs at this time. If you have any questions, I would be pleased to discuss them with you. *Please read this statement in its entirety and sign on the last page and return to me.*

**Professional Training, Credentials, and Supervision**

I am a Licensed Clinical Professional Counselor with over 20 years of experience. For the past 9 years, I have had my own office for the general practice of clinical counseling. I am trained and experienced in providing counseling for individuals, couples, families, and groups of adults or adolescents. Earlier in my career, I worked in mental health agencies, schools, county jails, colleges and a psychiatric hospital. I hold the following qualifications:

- Licensed Clinical Professional Counselor: Issue Date: March 11, 2013, Expiration Date: March 31, 2027
- Certified Clinical Supervisor: Issue Date: 08/01/2018, Expired: November 30, 2023
- Licensed Professional Counselor: Issue Date: Feb 01, 2011, Expired: Jan 31, 2013
- National Certified Counselor: Issue Date: April 18, 1998, Expiration Date: October 31, 2025
- Certified Alcohol and Drug Counselor Issue Date: October 1, 2020, Expiration Date: 12/31/2027
- Certified Teacher 34 Professional K-8 020 Issue Date: July 01, 2008, Expiration Date July 1, 2026
- Certified Ed Spec 34 Professional K-12 075 Issue Date: July 01, 2008, Expired: Date: July 1, 2026
- Rostered Guardian Ad Litem- No Expiration Date
- Family Mediator-No Expiration Date
- MHRT-IV Issue Date: March 10, 2007, No Expiration Date
- I earned a Bachelor of Science Degree at the University Maine of Orono in 1978
- I earned a Masters Degree in Counselor Education at the University of Maine at Orono in 1991
- I am in the process of completing my CAS Degree in Counselor Education
- I seek supervision and consultation from other colleagues.

**Areas of Competence**

I practice only within the boundaries of my competence, based on my education, training, supervised experience, state credentials and professional experiences. I have experience working with individuals, couples, families, high risk youths, chemically dependent individuals and various support groups. My areas of training include, but are not limited to: dealing with life challenges, trauma, mental illness, adolescent behavioral issues, and co-occurring disorders, anger management, parenting, organization development, depression/anxiety, and self-esteem issues, and values clarification. In addition, I have experience as a school guidance counselor and teacher. I use an eclectic approach to address each client's specific issue(s). This may include one or more of the following approaches: cognitive behavioral therapy, exposure therapy, play therapy, client-centered therapy, solution focused therapy, person-centered, reality therapy, etc.



### **Limits and Scope of Confidentiality**

In keeping with the Ethical Standards of the American Counseling Association, National Board of Certified Counselors, and State and Federal law, I must keep all details of our counseling relationship including anything that you tell me, in strict confidence, unless I have your expressed written permission to inform or consult with someone else. However, the code of confidentiality has the following exceptions:

- 1) **Court Order.** If a court order is received requesting the release of your records and/ or my testimony concerning your therapy, I may have to release certain information in order to avoid a “contempt of court” charge. However, in Maine there is a statute, which specifically addresses “privileged communication”, (see 32 M.R.S.A., Chapter 119, 13862). Therefore, under certain circumstances, I may not be required to such disclosure against your wishes.
- 2) **Threat of Serious Harm to Self or Others.** A “duty to warn” law requires me to breach confidentiality when I determine that an imminent danger, (e.g. suicide or homicide) exists to you or others.
- 3) **Reasonable Suspicion of Child Abuse or Neglect of a Child or Abuse, Neglect or Exploitation of an Incapacitated or Dependent Adult**
- 4) **During Supervisory Consultation**
- 5) **Voluntary Release Signed by Client or Guardian.**
- 6) **In Defense Against a Legal Action or Formal Complaint Which the Client Makes Before a Court or Regulatory Board**

### **Counseling Process/Course of Action**

Every individual is a complex human being and capable of changes and problem resolution. Therefore, my theoretical approach to counseling is “multi-modal,” with strong solution focused and cognitive behavioral influences to empower and motivate change. It is the client who is the driving force in the process. He/she possesses the power to change and resolve problems through careful examination of the supports and challenges of multiple areas of life. My role as a counselor is to help the client understand and utilize inner strengths and gifts to resolve these issues to 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 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, bibliography, thought training, desensitization, and 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 similar to yours. Ultimately, 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.

As a first step in counseling, it is crucial to develop a genuine, therapeutic relationship based on trust, honesty, and openness. Therefore, in the initial session, self-disclosing my professional beliefs, background, as well as, discussing the limits and scope of confidentiality and the client's rights and responsibilities is important. Also during this session, I listen attentively while conducting an intake interview and screening to obtain information about the client, as well as, his/her expectations for counseling. During the next session, I collect more information to further define the client's life situation including problems, current needs, concerns, and aspirations in order to complete the initial assessment



and diagnosis. In addition, I may suggest that the client visit a physician to rule out any biological causes for his/her distress before continuing forward in the counseling process. In there are issues or concerns beyond my scope of competence, it is my practice to refer the client to a more qualified professional. Then I inquire what the client may already be doing to contribute to the resolution of the problem. Next, I begin to establish the goals and objectives. This information is written up in the form of a treatment plan and progress is reviewed on a regular basis. Periodically, about every 90 days, I assess the progress of treatment to; determine the need for additional sessions, termination, and/or outside referral for further counseling or assistance.

### **Fee Schedule, Cancellation Policy, No Show, Fee Modifications**

**Fee Schedule.** Fees for services are charged on a “per hour” basis.” My current fee is \$150-200 per therapeutic hour (53-60 minutes). Various insurances are accepted.

*Self-pay fees and co pays are payable at the beginning of each session by check ,cash or credit card. Make checks payable to Kim Shaffer, LCPC.*

**Cancellation Policy.** Due to the time commitment that I make to you, I require a 24-Hour Notice of Cancellation for all scheduled services. Individuals who fail to cancel properly will be charged the full amount, with the exception of valid emergencies. Additional appointments will not be scheduled until any such fees are paid in full.

**No- Show.** If you do not cancel 24 hours in advance or simply do not show up for an appointment, you are still responsible for the payment unless collection is prohibited by Maine Laws and Rules.

**Fee Modifications.** Please feel free to discuss payment plans & special circumstances regarding payment. Pro Bono work and sliding scale modifications of the fee schedule are limited to severe financial hardship.

### **Accountability**

As a licensed professional I am accountable for my work with you. If you are dissatisfied with any aspect of the counseling process, please inform me so we can determine if our work together could be more effective or efficient in any way or if a referral might be appropriate. The practice of counseling is regulated by the Board of Counseling Professionals Licensure. The Board is authorized by law to discipline counselors who violate the board's laws or rules. To learn about the complaint process, or to file a complaint against a counselor contact:

Complaint Coordinator  
Office of Licensing and Registration  
35 State House Station  
Augusta, ME 04333 (207) 624-8660 [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

**Client's Bill of Rights:** Clients have the right:

- To expect that a counselor has met the licensure or registration requirements of state law and rule;
- To examine a counselor's licensing credentials
- To obtain a copy of the Code of Ethics of the Board of 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
- To refuse any recommended services and to be advised of the consequences of this action

**Availability:** I am at the office on Monday-Friday from 9:00 am-7:00 pm. (991-5818). If I'm going on vacation or ill, I will notify you. If am incapacitated, Carol Bailey, LCPC is the Custodian of the Records and will arrange for your continuity of care and access to your records in accordance with Maine Law.

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CLIENT

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DATE