

## **Informed Consent for Counseling**

### **Disclosure statement**

Name: Michael Arthur, LCPC  
License: CC 3305  
Expiration date: October 31, 2013

Address: 14 Maine Street, Suite 304, Brunswick, Maine 04011  
Office Phone: 207 406 2592

Business hours:  
Mondays 9-5  
Tuesday 9-5  
Wednesday 9-6  
Thursday 9-5  
Friday 9-5

#### Education

1998 Plattsburgh State University, M.S., Counselor Education  
1998 Nationally Certified Counselor, NCC  
2011 Associate Fellow Albert Ellis Institute, NYC  
2011 Approved Supervisor Albert Ellis Institute NYC

#### Areas of Competence

I have been trained (to the supervisor level) in Cognitive Behavioral Therapy at the Albert Ellis Institute in New York City.

I received training in graduate school in Humanistic Approaches, Existential Therapy, Family Systems Therapy and Cross Cultural Approaches to Counseling. I also received training in Psychopathology, and I bring a great deal of experience in mental health diagnosis to my clients.

#### Course of Treatment

The client will complete an intake assessment at the start of the first session. This intake will be used to help formulate a diagnosis. We will discuss what might be entailed in treatment, set goals, and discuss a treatment plan. The client should expect that the course of treatment might include Cognitive Behavioral, Family Systems, Existential, and Cross Cultural Approaches to Counseling. Consultation with psychiatrists, physicians, nutritionists and other professionals, as appropriate, will form part of the treatment

process. The client will be informed of this at the first session and will, over the course of treatment, be asked to sign the relevant releases so that this can be facilitated.

### Confidentiality

The Client and Counselor relationship is completely confidential and protected by law. There are some exceptions to confidentiality and these include the following:

- Threat of serious harm to self or others;
- Reasonable suspicion of abuse or neglect of a child, abuse neglect or exploitation of an incapacitated or dependent adult;
- Court order and/or subpoena;
- Voluntary release signed by the client or guardian;
- During supervisory consultations;
- Diagnosis and dates of service shared with insurance company to collect payments;
- Cases where the client signs to release information;
- Information released as outlined in the HIPPA Notice of Privacy;
- As required by law.

### Emergency situations

In the event of an emergency situation both during and outside of normal business hours, clients are advised to call 911 or proceed to the nearest hospital emergency room.

### Fees

I accept major insurance. All clients are encouraged to check with their insurance companies to make sure that payment will be made and these services are covered in their policies. I accept checks and cash. My rate for of pay is \$125.00 for each fifty minute counseling session. Payment is due at the time services are rendered.

### Sliding Scales and Pro Bono work

I do not offer sliding scales and my pro bono work is on a case by case basis.

The practice of counseling is regulated by the Board of Counseling and Professional Licensure. The board is authorized by law to discipline those who violate the board's laws and rules. To learn 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  
Tel: 207 624 8660  
Web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

**Consent for Treatment**

**I have read and understand the conditions of counseling and the disclosures above,  
and give my consent to be treated by Michael Arthur, LCPC**

**Client Signature**

**Printed Name**

**Date**