

Linda Navelski Taillon
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I am pleased that you have selected me for your counselor. The following material is designed to conform to state law and ensure that you understand our professional relationship and my background.

I have a Master's degree in Counseling Education from the University of New Hampshire in Durham, New Hampshire and a Certificate of Advanced Studies (CAS) in counseling from the University of Southern Maine. I am certified by the National Board of Certified Counselors (NCC), am licensed in Maine as a Clinical Counselor (LCC), am licensed in New Hampshire as a Clinical Mental Health Counselor (LCMHC) and am a Registered Play Therapist and Supervisor (RPT-S). I am an Approved Clinical Supervisor (ACS), and I am a Certified Therapist in Eye Movement Desensitization and Reprocessing (EMDR). My NCC number is 37747 and is renewed July 2020. My LCC Maine license number is CC1266 and is renewed October 31, 2017. My LCMHC New Hampshire license number is 360 and is renewed June 30, 2018. My RPT-S registration number is S527 and is renewed on April 1, 2017. My certification in EMDR is renewed December 31, 2016.

The focus of my practice is working with children, adults, families and couples on problems dealing with developmental concerns, transitional changes, decision-making, stress and adjustments to loss. Many individuals, families and couples coming to counseling are experiencing change or transition which can bring additional stress and emotional difficulty. This can affect one's ability to make decisions and plan goals for the future. My role as a counselor is to assist individuals in sorting out the feelings, beliefs and behaviors that are effecting their particular situation, as well as provide them feedback and information that can help with the process as we work towards their goals. At the end of our first interview, I will discuss how I can or cannot help you to reach your goals.

My work with children frequently utilizes play media. While this may be confusing to you as a parent, it may be useful to remember that while adults communicate through verbal means, young children communicate through play. Further, older children and adolescents often find it easier to communicate while doing art or playing games. I will talk about this further during our first interview. Since it is my belief that we all need to work together, I will request sessions with parents when your child or adolescent is my client.

In my work with couples, I know that a lifetime commitment in marriage/partner relationships is good for individuals, families and the community. My role as a therapist working with couples/families is to facilitate the restoration of health in the marriage/partnership even when spouses/partners are unhappy, conflicted or discouraged. Our work is to explore ways to nurture the marriage/partnership and find a means to enhance the relationship. I understand that some relationships are toxic and unhealthy. I do not promote marital or relationship commitments unquestionably, but with respect for safety and human dignity for each partner and, if it is the case, for the children. In some instances, my role may be to facilitate an amicable closure to the marriage/relationship. More discussion can take place at the intake session.

Our counseling sessions are confidential. I will not reveal to anyone what you say to me with the six following exceptions: (1) You direct me to share information with someone else. (2) I determine that you are a danger to yourself or others. (3) I suspect child, incapacitated person, or

elder abuse. (4) I am ordered by a court or our laws to disclose information. (5) It is necessary to defend myself against a legal action or formal complaint, which you make before a court or regulatory board. (6) I present your case at my supervisory consultations.

As a client you are in complete control and may end our counseling relationship at any time. I will be supportive of that decision. If you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may report your complaints to the Department of Professional and Financial Regulation, Division of Licensing and Enforcement, State House Station #35, Augusta, Maine 04333, (207)-624-8603, or the National Board for Certified Counselors, 5999 Stevenson Avenue, Suite 402, Alexandria, VA 22304.

In return for a fee of \$125.00/\$150.00 per individual session , I agree to provide counseling services for you. Sessions are 55 to 60 minutes in length. The fee for each session is due at the end of that session. If appropriate, I am willing to bill your insurance company, but you **are responsible for the fee not covered by your insurance**. If you have a co-payment, this too is **due at the end of each counseling session**. Not all insurance companies pay for my services. Please check with your company so that you may know exactly what will or will not be reimbursed. If you request a written report or one is requested by the courts, my standard, hourly fee will be charged. If I am subpoenaed by the courts to appear on your behalf or on your child's behalf, my court fee is \$175.00 per hour for court preparation and per hour for court appearance. A retainer fee may be required prior the event. Insurance companies do not pay for these services.

In the event that you will not be able to keep an appointment, please notify me **24 hours in advance**, as you will be charged for missed appointments. For those who are using insurance, this would mean the fee for the counseling session, not just the co-payment. As I am a private practitioner, my primary commitment is in seeing clients. We will work to find a mutually agreeable time for our meetings.

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. While I may be unable to guarantee any specific results regarding your counseling goals, we will work together to achieve the best possible results for you. As I am constantly seeking to improve my service to you, I will seek supervision from a qualified professional at all times. Should we discuss your case, you will be identified only by a first name. My supervisor will be under the same limits of confidentiality that I am. In the event of an emergency or factors limiting me to contact you directly, my partner in Maine Counseling & Consultation LLC, Leo Taillon, LCSW, will be in touch with you; under the same limits of confidentiality

In the event your health insurance company requires a diagnosis of your presenting issue(s), I will inform you of the diagnosis and all implications prior submitting it to the insurance company. Any diagnosis made will become a part of your permanent insurance records.

If you have any questions feel free to ask. Please sign and date both copies of this form.

Counselor's Signature

Client Signature

Client Signature

Date

Date

Date