

INFORMATION REQUIRED IN PROPOSED DISCLOSURE STATEMENT:

Disclosure Statement

- A. Name, license number
Such-and-such Counseling Service
555 Main Street
City, Maine (207) 666-7777
Business hours
- B. **Licensure:** Please indicate here the license/registration category, date of initial licensure and current license expiration date. (Example: LCPC, first issue: 12/2011 expiration: 12/2013)
Note: Applicants may show prospective dates of licensure.
- C. **Degrees:** List each postsecondary degree held, the name of the degree, the date awarded and the area of study in which the degree was earned, and the name of the institution that conferred the degree.
- D. **Confidentiality** - A statement indicating the limits and scope of confidentiality. The following exceptions **must** be included:
1. Threat of serious harm to self or others.
2. Reasonable suspicion of child 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 client or guardian; and
5. During supervisory consultations.
- E. **Conditional Licensure*** – If conditionally licensed, include a statement to that effect and an explanation that reads “A conditional licensee has met the initial requirements for this license and is working under professional supervision to obtain the experience necessary for full licensure. The counselor may discuss your case with the supervisor. The counselor may ask you for permission to allow the supervisor to sit in on a session. You are free to refuse if this would make you uncomfortable.”
- F. **Areas of competence** - I am trained for work with individuals, couples, and... (continued concisely, but with as much detail as necessary to give clients an idea of the range of your skills and scope of your license/registration).
- G. **Course of Action**- A statement that includes a description of your usual process of intake, assessment, and goal setting. If clinically licensed, please also explain your process for diagnosing and treating. This is designed to give your prospective client an idea of what to expect in counseling.
- H. **Fee schedule, method of billing and terms of payment** – explained with words that are clearly understood.
- I. **Fee modifications**– A statement outlining the extent to which you perform pro bono work or offer sliding scale modifications of the fee schedule;
- J. **Insurance** – A statement outlining the extent to which your services can be paid for by insurance coverage, MaineCare and other third-party payment plans;
- K. **Accountability** – A statement that reads “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 law or rules. To learn about the complaint process, or to file a complaint against a counselor, contact:
Complaint Coordinator
Office of Professional and Occupational Regulation
35 State House Station
Augusta, ME 04333
(207) 624-8660
Web: www.maine.gov/professionallicensing”