

PILAR GIZZI LCPC-C  
386 FORE ST. SUITE 302, PORTLAND ME, 04101  
207-420-8391  
PILARGIZZICOUNSELING@GMAIL.COM

## DISCLOSURE STATEMENT

**License:** Licensed Clinical Professional Counselor - Conditional # XL5114. Expiration 12/31/20

**Confidentiality:** Information that is shared during your counseling appointments is strictly confidential and will not be shared with anyone without your written consent. Exceptions to this are:

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
5. For treatment, payment, and/or healthcare operations when using insurance
6. During supervisory consultations.

**Conditional License:** 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.

**Areas of Competence:** I am trained in mental health counseling for work with individuals and groups. I have extensive training in the area of bereavement counseling, postpartum life, and times of transition.

**Course of Action:** In the initial session, we will discuss your concerns, needs and personal history.. Together we will set goals for therapy and review them throughout our work. I believe one key to therapeutic success is the counseling relationship. A trusting working relationship between us is important so that you feel comfortable and safe enough to explore deeply personal issues, develop self-awareness, and embark on the process of personal growth. If my services are not the best fit for your needs, I will make recommendations or referrals to other available services. The length of counseling varies according to each individual, but the ultimate goal is to acquire knowledge and tools to facilitate continued growth and development after therapy has ended.

**Fee Schedule:** The fee for counseling is \$85.00 for a standard 55 minute session and \$100 for a 75minute couples session. The client is responsible for payment by cash or check at each appointment. If you are paying through my online payment service please be timely and do not pay any later than the Friday of that weeks session.

**Cancellation Policy:** There is a one time waived fee for an emergency cancellation. From that point on, a 24 hour notice of cancellation is required or you will be charged a full fee for the missed session. There is a full fee charge for all No-Shows. Three missed sessions, in a row, will constitute the end of therapy. Exceptions will be considered in the case of a medical or family emergency.

**Communication Policy:** You can reach me during office hours through my confidential voice mail at 207-420-8391. I try to return all calls and messages within 24 hours during weekdays. I also try to return emails within 24 hours during weekdays (clients must fill our email consent form and be aware of risks of using email). Texting is acceptable for appointment changes. If you have an emergency and cannot reach me, please call crisis services at 207-774-HELP or dial 911.

**Accountability:** The practice of counseling is regulated by the Department of Professional and Financial Regulation, and complaints may be registered by contacting:  
Complaint Coordinator  
Office of Licensing & Registration  
35 State House Station  
Augusta, ME 04333  
(207) 624-8660  
Web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_