

Disclosure Statement

Tara McKernan, LCPC-C

1489 State Highway 102

Bar Harbor, ME 04644

(207)610-0466

Office Hours: Monday – Friday 9am -5pm

Licensure:

License type: Licensed Clinical Professional Counselor (LCPC-C) First issue: 7/15 Expiration: 7/19

Degrees:

Name of Degree: Masters of Education

Date conferred: 5/8/15

Area of study: Mental Health Counseling

Institution: University of Maine

Name of Degree: Bachelor of Science

Date conferred: 8/1999

Area of study: Special Education

Institution: Miami University

Confidentiality:

The information you share in counseling is privileged and confidential. This agency strictly adheres to the Federal Confidentiality laws including Federal Law 42 C.F.R. Part 2. A signed Consent for Release of Privileged Information form is required to disclose to a third party any information about the counseling you have received. There are exceptions to confidentiality. Your counselor is required to report disclosed information to the appropriate authorities:

1. When there is a threat of serious harm to self or other;
2. When there is reasonable suspicion of child abuse, or neglect of a child, or abuse, neglect or exploitation of an incapacitated or dependent adult;
3. When there is a court order;
4. When there is a voluntary release signed by the client or guardian; and
5. During supervised consultation.

Conditional Licensure: 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 for work with: Children, adolescents, adults and families in both individual and group settings. Specifically, I provide treatment for mental health disorders including trauma, depression, anxiety, disordered eating and gender identification. In addition, I work with kids who have ADHD, Autism Spectrum Disorders and Learning Disabilities.

Course of Action:

All persons interested in counseling will undergo an initial intake/assessment process. An assessment is the first session and generally lasts up to two hours. Treatment issues are identified at this time. Within 2 sessions an individualized treatment plan based on the client's specific strengths with goals, objectives and target dates will be established. Diagnosis and treatment will be a collaborative effort between

client and counselor with regular reviews on progress. Typical sessions are based on a 50 minutes hour. Extended sessions are available.

Fee Schedule & Billing:

Payment is expected at the time of service.

Assessment (1-1/2 to 2 hours):	\$125.00
Individual (1 hour):	\$90.00
Family (1 Hour):	\$ 115.00
Group (1-1/2 hour):	\$56.00

Insurance:

If the client has insurance, their insurance company will be billed directly, if desired, and the client will be charged the co-pay balance (which depends on specific insurance coverage) after deductible has been met. Most third-party insurance policies are accepted, including MaineCare. Co-pays and out of pocket payments are required a the time of service.

Fee Modification:

If client does not have insurance proof of income must be provided to be considered for a sliding fee. The client is ultimately responsible for the balance due after sliding scale fee has been applied

Accountability:

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 Licensing & Regulations
35 State House Station
Augusta, ME 04333
(207)624-8660
Web: www.maine.gov/professionallicensing

My signature indicates that I have been informed of Tara McKernan’s admission policies, the Federal Confidentiality laws, and my rights and responsibilities. I understand that I will be working with the above named counselor and agree to work with this counselor to establish and complete my individualized treatment plan.

Client

Date

Legal Guardian (if applicable)

Date

Witness

Date