

**Marcia Pritchard Counseling, LLC**  
**Marcia Pritchard, MA, LPC, NCC**  
**8 Inverness Drive East, Suite 120**  
**Englewood, CO 80112**

### **Informed Consent**

12.43.214(1)(c)CRS: The practice of mental health services in the State of Colorado is regulated by the Colorado State Department of Regulatory Agencies. Any questions, concerns or complaints regarding the practice of mental health may be directed to the State Board listed:

State Grievance Board  
1560 Broadway, Suite 1340  
Denver, CO 80202  
(303) 894-7766

This document contains important information about my professional services and business policies. Please read it carefully and let me know if you have any questions. When you sign this document, it will represent informed consent and an agreement between us.

### **Psychotherapy Services**

When you decide to begin therapy, you are making an important investment in yourself. Information about the process of therapy and the specific therapist you choose will enable you to make informed decisions in the therapeutic process. This form contains information regarding my training, experience, and credentials, as well as professional services and business policies.

Psychotherapy is an active and creative process between client and therapist. It varies depending upon the client and the therapist and the particular concerns and issues you will bring forth. I will use various methods to address the concerns that you bring forth. Your input regarding what works well for you is also very important to the success of your treatment. Therapy is a collaborative process that works best with an open line of communication. I welcome your input on how you are progressing in therapy, or areas that you feel are not being addressed. This dialogue makes it possible to tailor therapeutic interventions to meet your needs and goals. In order for therapy to be most successful, it is important for you to work actively on your issues and concerns during our sessions and at home.

Therapy can have benefits as well as risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings, such as: sadness, anxiety, guilt, anger, frustration, loneliness, and helplessness. Therapy has been shown to have many benefits such as personal growth, better relationships, increased awareness of self as well as solutions to specific problems, and can significantly reduce feelings of discomfort and distress. However, there are no guarantees regarding what you will experience.

### **Training, Experience and Credentials**

I hold a masters degree in counseling from Colorado Christian University. I am a registered Licensed Professional Counselor in the State of Colorado. I am a Nationally Certified Counselor (NCC) with the National Board of Certified Counselors (NBCC). My experience includes working with a variety of client populations in various stages of life such as childhood, adolescence and adulthood. I provide treatment in the context of individual, group and family therapy. I am trained in assessment and testing, trauma and attachment informed strategies, Dialectical Behavioral Therapy, BrainSpotting and a variety of other modalities. I will use the most effective, empirically validated methods of treatment within my training.

### **Professional Practice Policies**

I am trained in assessment and testing, trauma and attachment informed strategies, Dialectical Behavioral Therapy, BrainSpotting and a variety of other modalities. I will use the most effective, empirically validated methods of treatment within my training. I can explain to you the theoretical orientations, methods of treatment, the techniques used, and the duration of therapy. You may terminate treatment at any time, and you may seek a second opinion from another therapist if you so choose.

### **Fee Information**

My fee for a standard 50-minute therapy session is \$110.00. I will prorate the session fee for extended or brief sessions according to minutes in session. I require payment by cash, check or visa at the time of service. I can assist you in submitting to your insurance provider for reimbursement for my services, however, reimbursement is dependent upon your particular insurance benefits. If payment is not rendered in a timely fashion and I am unable to collect the fee, I may employ the services of a collection agency. Confidentiality is maintained and only minimal pertinent information is shared with the collection agency (name, address, telephone number, and amount due).

### **Cancellations**

If you are unable to keep an appointment, please notify me immediately. If you cancel or miss an appointment without providing 24 hour notice prior to your scheduled appointment, you will be billed for the entire session. It is expected that you will arrive promptly for your scheduled appointment. If you are going to be late, please contact me with this information. Sessions will begin and end promptly on time, regardless of time started.

### **Telephone Calls**

You are welcome to call, text or leave a voicemail on my confidential voicemail. Your call will be returned as soon as I am able, usually within 24 hours or the next business day. I do not charge for brief conversations. However, any discussion that exceeds ten minutes will be billed to you on a prorated basis.

### **Cellular and Web-based Communication**

Clients may contact me through email at [marciapritchard@gmail.com](mailto:marciapritchard@gmail.com). However, this is a forum for discussing counseling issues. Therefore, you can expect brief responses from me until we can talk on the phone or at your next session. Texting should be reserved for appointment issues or minimal communication. I can not guarantee the confidentiality of communication when using cellular or web-based communication.

### **Limits of Practice**

I have limited my practice to clients who do not require 24-hour or immediate care. If you feel you have a need for a higher level of care, please inform me so that I may refer you to an appropriate therapist or facility. If, during our work together, an emergency does occur which requires immediate attention, call 911 or go to your nearest emergency for assistance.

### **Confidentiality**

Confidentiality is an important component of therapy. In general, the privacy of all communications between a client and a therapist is protected by law, and I can only release information about our work to others with your written permission. The information provided by a client during therapy sessions is legally confidential in the case of licensed marriage and family therapists, social workers, professional counselors, psychologists, and unlicensed psychotherapists, except as provided in Section 12-43-218 of the Colorado Mental Health Statutes, and for certain legal exceptions that I will identify to you should any such situation arise in therapy. You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S.

In some legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order medical record information or my testimony if he or she determines that the issues demand it. There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe a child is being abused, I am required by law to file a report with the appropriate state agency.

If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for the client. If the client threatens to harm him or herself, I may be obligated to seek hospitalization for him or her, or to contact family members or others who can help provide protection. If a similar situation occurs, I will make every effort to fully discuss it with you before taking action.

I may choose to consult with a supervisor about your case. My supervisor is legally bound to hold your information in confidence as well. From time to time I may seek consultation from other clinicians with expertise in specialized problem areas. During these consultations I limit the information communicated, and specifically avoid revealing the identities of my clients.

Consultants are also legally bound to maintain confidence. If you don't object, I will not tell you about these consultations unless I feel that it is important regarding our work together. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have. I would be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are complex, and I am not an attorney.

In a professional relationship, sexual intimacy is never appropriate and should be immediately reported to the Department of Regulatory Agencies, Division of Registrations, Mental Health Section.

**Consent**

I have been informed of Marcia Pritchard's degrees, credentials, supervisory status, and practice policies. I have also read the preceding information and understand my rights as a client. I understand and agree to the policies described herein. I consent to therapy, including assessment, evaluation, treatment, and/or referral.

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**Client Signature** **Date**

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**Client Name (Print)**

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**Marcia Pritchard, MA, LPC** **Date**