

Practice Policies & Information

Welcome! The paperwork you are about to fill out will help me get to know you and assist you as best as I can. When meeting with a therapist, most people feel some mix of being scared, anxious, sad, angry, and overwhelmed. I will do my best to ease you into the transition of getting to know me and how I operate. The following information on this form will tell you a little about me and will inform you of policies and practices related to this counseling practice.

As a Licensed Marriage & Family Therapist, I primarily conduct sessions with a strength-based and brief therapy model. I also welcome collaboration and any questions you have at the beginning and throughout our session(s) together. The evaluations I conduct are geared to provide psychoeducation and information about anticipated fertility treatments. In addition, I will conduct a mental health evaluation and psychosocial assessment (adhering to the American Society for Reproductive Medicine (ASRM) guidelines for best practice) to provide a recommendation about proceeding with your anticipated fertility procedure. Based on the information you provide, there may be a recommendation to complete additional steps before proceeding. There is also an outside chance, based on the information you share, I may recommend not proceeding. I invite you to ask questions, express concerns, and share with me so that this session is helpful to you. Written reports will be submitted via email to the medical office who referred you. As an evaluator, please note that I hold no responsibility or duty to you for ongoing counseling sessions; my duty is solely to complete the evaluation and report. If you are interested in starting ongoing counseling sessions, please let me know and we can discuss the appropriateness of this endeavor.

The evaluative session usually is a one-time session and will last approximately 60 minutes, unless otherwise agreed upon. Evaluation fees include the time in session and the completion of the report. Generally, the fee is \$250 unless significant additional time (> 75 minutes) is needed. *Please note: If the paperwork required is not submitted at the outset of the evaluative session, the fee will be \$290 due to the additional time necessary to follow up on the paperwork after the appointment.* (For general counseling sessions, my fee for a 50-minute session is \$145.00.) For our session, I will collect payment at the end of the session. I prefer payment in check. Credit cards and Health Savings Account cards will be charged with a 3% fee (making the regular total charge \$257.50). If you choose to pay by credit card, the amount, date of charge, and my business name will appear on your credit report, producing a record of services visible to your credit card company. No specific content of our sessions (e.g. diagnosis, treatment plan, session notes) will be disclosed to billing or credit agencies without your signed consent. I am not connected with your insurance agency; therefore, I will not be in communication with them about our session, nor will I seek payment from them. Because I reserve your scheduled appointment specifically for you, if you miss or cancel an appointment with less than 24 hours' notice, I will charge for that session, unless an emergency has occurred. Also, phone calls over 5 minutes and consultations made on your behalf (to your doctor, school counselor, other agency personnel, and so forth) will be billed to you based on the hourly fee, or pro-rated if applicable.

If you are involved in any legal matters or court litigation, you should understand my role as a family therapist is not to make recommendations concerning custody or parenting issues or to testify in court about opinions on the issues involved in the case. By initialing this Practice Policies & Disclosure Statement, you agree not to subpoena me to court for testimony or for disclosure of treatment information in such litigation; you also agree not to request that I write any reports to the court or to your attorney. Any court-related or legal services, including preparing written treatment summaries, if requested in writing, will be charged at twice my regular (counseling) hourly fee and estimated payment must be made in advance.

If you need to reach me by phone, you may call my business cell phone (720-532-5600). To protect privacy, I refrain from texting and using social media. I generally return calls within one business day; I do not check my voice mail after hours or on weekends. Cell phones have the potential for interception; however, if there is ever a concern for the confidentiality of our conversation via phone, I will take measures to protect the privacy of your information. If you have an urgent call, or experience an emergency, please make that clear in your message. I will try to return your call as soon as I receive the message. In the event you need assistance prior to my return phone call, please contact one of the 24-hour (emergency) response services listed in the phone book, call 911, or visit your local hospital.

Please initial here to indicate you have read and agree to the above information: _____

Individuals • Couples • Families • Children • Teens

Disclosure Statement

I completed my doctorate at Colorado State University and also possess a master's degree in Human Development and Family Studies and was trained as a Marriage and Family Therapist. I have completed EMDR training and am an EMDR (Level 2) practitioner. I am also a Licensed Marriage and Family Therapist (Colorado license #1012). I opened my clinical practice in 2002 and have served children, adolescents, individual adults, couples, and families of various ages for over a decade.

As a client receiving therapeutic services, you should know you have the following rights:

1. You are entitled to receive information about the methods or techniques used in therapy sessions, the duration of therapy (if known), and the fee for the therapy services provided. Please ask if you would like to receive this information.
2. You may seek a second opinion at any time.
3. You may terminate therapy at any time. When you are ready to end therapy, I would like to help you leave well. With some advance notice, I can plan for referrals and an appropriate closure. If this is not possible, I will still do my best to help you end well.
4. In a professional relationship, such as therapist and client, sexual intimacy is never appropriate and should be reported to the board that licenses, certifies, or registers the therapist.
5. Generally speaking, information provided by and to a client in a professional relationship with a therapist is legally confidential, and the therapist cannot disclose the information without the client's consent. There are several exceptions to confidentiality which include: (a) I am required to report any suspected incident of child or elderly abuse or neglect to law enforcement; (b) I am required to report any imminent threat of physical harm by a client to law enforcement and to the person(s) or group(s)/location(s) threatened; (c) I am required to initiate a mental health evaluation of a client who is dangerous to self or others, or who is gravely disabled, as a result of a mental disorder; (d) I am required to report any suspected threat to national security to federal officials; and (e) I may be required by Court Order to disclose treatment information. If I become concerned about a client's welfare, I may contact law enforcement to request a welfare check. If a legal exception to confidentiality arises during therapy, if feasible, you will be informed accordingly.

The practice of psychotherapy by any person, licensed or registered, is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Marriage and Family Therapist Examiners regulatory boards can be reached at 1560 Broadway, Suite 1350, Denver, CO 80202; (303) 894-7800. The regulatory requirements for mental health professionals provide that a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-master's supervision. A Licensed Psychologist must hold a doctoral degree in psychology and have one year or post-doctoral supervision. A Licensed Social Worker must hold a master's degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Certified Addiction Counselor I (CAC I) must be a high school graduate and complete required training hours and 1,000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical Master's degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, but is not licensed or certified, and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the State.

By signing this form, I affirm I have read and agree to the above information and it has been presented to me verbally. I understand the disclosures that have been made to me and my rights as a client.

Print client's name

Client signature (or Responsible Party) & date

Print second client's name

Second client's signature & date

****Please note: The office space I use is shared with other therapists; we do not share a practice.**