
Individuals • Couples • Families • Children • Teens

Practice Policies & Disclosure Statement

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 starting counseling/therapy, 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.

Therapist training: 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. My bachelor's degree is in Psychology and Spanish from the University of Notre Dame. 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 nearly 2 decades.

Client Rights: As a therapy client receiving services, 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 threat of physical harm by a client to law enforcement and to the person(s) or location(s)/group(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.

- **Couple Clients:** In couples counseling, information disclosed by one partner when the other partner is not present will not be kept confidential from the other partner. Information disclosed in couples therapy will not be released to other parties without signed consent from both partners.

- **Minor Clients:** When I consult with parents regarding children and adolescent clients under age 18, specific content of the therapy sessions with children will be held in confidence unless client welfare requires that parents have access to such information. In most cases, I will arrange joint meetings between minor clients and their parents as part of the therapy process.

- **Public Encounters:** To protect your confidentiality if we happen to see each other in public, I will follow your lead. If the situation would affect your confidentiality and you choose not to greet me, I will likewise conceal the fact that I know you and will certainly not be offended. If you choose to greet me, I will respond. If others ask how you know me, I will let you answer.

Treatment modalities: As a Licensed Marriage & Family Therapist, I primarily conduct sessions with a strength-based and brief therapy model. This means I will help you focus on reaching specific goals. I also welcome collaboration and any questions you have at the beginning and throughout our sessions. I encourage you to be an active member—ask questions of me, tell me your experiences and how you view things, and help guide me to what “fits” for you. The success and length of treatment depend upon my efforts as the clinician *and* your efforts as a client. As an ethical consideration, I want you to know the “risks” of therapy. In general, although successful outcomes cannot be guaranteed, I do not believe counseling and therapy causes problems or relationships to worsen in the long run. In my experience, the most effective work involves clients who are willing and open toward making changes in their lives. If you are not benefiting from the sessions, please let me know and we can discuss this and appropriate actions (e.g., ending therapy, referrals, changing course in therapy, etc.). Because I am committed to best practice, on occasion I discuss cases during peer supervision with colleagues. In doing so, I never discuss information that would compromise your confidentiality nor be identifiable that you are a client.

One treatment approach I work with is EMDR (Eye Movement Desensitization and Reprocessing). EMDR therapy is empirically validated with a range of client issues, particularly trauma-related. It incorporates somatic, emotional, cognitive and narrative elements, and facilitates accelerated change of dysfunctional patterns. It can be an intense form of therapy and is not appropriate for all clients. We can talk about your situation and whether EMDR makes sense for you.

Session Length & Fees: Our sessions will generally last 50 minutes unless otherwise agreed upon. My fee for 50-minute sessions is \$145.00. If you are late, you are welcome to receive whatever time remains of your appointment as initially scheduled. If an emergency prevents me from beginning our session on time, I will prolong our initially scheduled time or reschedule with you to ensure that you receive the full scheduled time. Periodically (less than once per year) my rates will adjust a small amount to align with market rates; clients will have notice about the rate increase prior to it taking effect. If any fee increase presents a financial concern, please let me know.

Payment Procedures: I prefer payment by cash or check and collect payment at the end of each session. I am not connected with your insurance agency; therefore, I will not be in communication with them about our sessions, nor will I seek payment from them. 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 will safeguard your credit card information by storing all consent forms and identifying information in a locked cabinet and using up-to-date encryption programs in all online credit card billing procedures. Session rates generally increase a small amount annually, to align with regular market rates. If or when this occurs, clients will be given advance notice.

Cancellations & Rescheduling: My practice has a 24-hour cancellation policy. I understand that situations arise in which clients must cancel an appointment. Therefore, it is requested that if you must cancel your appointment, you provide more than 24 hours’ notice. This will enable another

client who is waiting for an appointment to be scheduled in that appointment slot. Because I reserve your scheduled appointment specifically for you, for cancellations made less than 24 hours' notice, I am often unable to fill that slot with other clients. Appointments cancelled in less than 24 hours and no-shows will be charged at the regular session rate, unless a true emergency has occurred. If a miscommunication occurs about a session time, whichever of us had a discrepancy with the time written on your previous session's receipt will be responsible for the missed session payment.

Phone & out-of-session contact: If you need to reach me by phone, you may call my business cell phone (720-532-5600). At times phone contact outside of sessions is needed. In this case, phone calls over 10 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. To protect privacy, I refrain from using social media with clients. I generally return messages left for me within one business day (from 9 to 5 M-F). I do not check my voice mail, nor do I text, 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 my voicemail, call 911, or visit your local hospital. I permit texting for scheduling purposes only. (For any clinical matters, please contact me via phone.) The same policies remain in effect for texting: the 24-hour cancellation policy, the hours I respond to texts (generally 9 to 5 M-F). Because technology can and will fail, if you do not hear from me but think you should have, please reach out again, even via phone.

Therapy vs. Periodic Consultation: When sessions occur once per month or more, I am able to actively monitor your mental and relational health and assist with steady progress toward your desired goals. If you decide to space sessions out longer than once per month or to return on occasion because your initial goals have been reached, that extended time period between sessions prevents me from being able to keep close watch for any changes to your relationships or mental health that happen between sessions. So, if we are not seeing each other at least once per month, that constitutes your agreement to shift our relationship from "therapist" actively responsible for monitoring your wellbeing to "periodic consultant" who assists on occasion, but is no longer held responsible for anticipating or preventing threats to your safety or that of your relationships.

Legal Matters & Treatment Notes: 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. Only court-appointed experts, investigators, or evaluators can make recommendations to the court on disputed issues concerning parental responsibilities and parenting plans. Experience has shown that testimony by mental health professionals in domestic cases can cause damage to the clinical relationship between counselor and client. If at any time you are involved in a legal case, please discuss this with me. By signing the Practice Policies & Disclosure Statement, you agree not to subpoena me to court for testimony or for disclosure of treatment information in such litigation. Any court-related or legal services, including preparing written treatment summaries, will be charged at twice my regular hourly fee and estimated payment must be made in advance.

Written requests for treatment-related information may result in a written treatment summary; this summary can include treatment goals, progress, and clinical observations made through the course of treatment. The fee for the summary will include time to review records and create the summary. Thus, no copies of treatment notes and no copies of records will be shared. If arranging a list of supportive contacts is important for you, please let me know and we can create this list together. In

the event I am out of town, contact information for trusted colleague(s) will be available to you in case of an emergency.

Psychotherapist Oversight Agency: 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.

These practice policies safeguard our relationship by allowing our interactions to focus on progress toward your goals, rather than on logistics and payment issues. If you have any questions, I encourage you to ask so we can discuss them.

*By signing this form, I affirm **I have read and agree to the Practice Policies and the above Disclosure Statement** 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.**