

Counseling Consent Form

(Each person seeking counseling needs to fill out this form)

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TO MY CLIENTS

The following policies are the ones that you need to be aware of when contracting for services at The Counseling Center. I hope that reviewing them will help avoid confusion and will allow you to give your informed consent for therapy.

My degree is from California State University, Fullerton in California. MS Counseling 1981. I was licensed in the State of Colorado as a Licensed Professional Counselor on August 16, 2002

In the case of a grievance, you can contact the Colorado State Grievance board at:

**Department of Regulatory Agencies 1560 Broadway, Suite 1340 Denver, CO 80202
303/894-7766**

You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. Please ask if you would like to receive this information. You can seek a second opinion from another therapist or terminate therapy at any time. In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the State Grievance board.

Information disclosed to a licensed professional counselor is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates, except in the case of criminal or delinquency proceedings.

There are exceptions to the general rule of legal confidentiality. The Privacy Rule, which went into effect April 2003, states that health providers must disclose to clients about privacy provisions and client's rights. You can be given a summary of your progress records at any time. We are required to give out only minimal information to health providers when individually identifiable health information is to be used or disclosed for purposes not requiring a specific client authorization, such as insurance claims, eligibility checks, and referral certification.

Individual and/or marital counseling sessions are between 45 to 50 minutes long. Please understand that if you are late for your session, I will still end at the scheduled time. This prevents the next client from being inconvenienced. Group sessions are 90 minutes long. In the event that you don't keep to a scheduled appointment, when I am not given at least 24 hours notice, you will be charged for the hour. If you are a United Health client, you will be charged the co-pay. Therefore you are asked to please attend all scheduled sessions.

Client's Signature _____

Date: _____

Therapist Signature _____

Date: _____