

# *Rest for Your Soles Reflexology, LLC*

**Qualifications Disclosure  
2020 N. Academy Blvd.  
Suite #385  
Colorado Springs, CO 80909  
(719) 220-2205**

**WELCOME** – I would like to welcome you as a new client. I promise to do my best so that, with your sincere efforts, services provided by Rest for Your Soles Reflexology, LLC will prove beneficial for you. Complementary and Alternative Health Care Practitioners in Colorado are required under the Colorado Natural Health Consumer Protection Act to disclose this information.

I am not licensed, certified or registered by the State of Colorado as a health care professional or therapist, and I am not a physician licensed pursuant to Article 36 of title 12, C.R.S. The nature of the complementary and alternative health care services to be provided are listed under additional specialties and trainings.

I am required to recommend that you should discuss any recommendations I make with your primary care physician, obstetrician, gynecologist, oncologist, cardiologist, pediatrician or other board-certified physician and/or mental health professional.

Also, if my Client is two years of age or older but less than eight years of age I am required and hereby recommend that your child have a relationship with a licensed pediatric health care provider and I am also required to request permission from the child's parent or legal guardian to attempt to develop and maintain a collaborative relationship with the child's licensed pediatric health care provider, if the child has a relationship with a licensed pediatric health care provider.

## **MY QUALIFICATIONS:**

I hold an Acupressure & Reflexology certification from the Advanced Therapy Institute of Touch. I also hold a Bachelor of Arts in Speech Communication from Bethune-Cookman University and Master of Arts in Communication from the University of Colorado (Colorado Springs). My background has given me the education, training, and supervision to work professionally and competently with others in bodywork as well as communicatively.

## **Certifications/Educational Background:**

Advanced Level Rapid Eye Technician (ALRET)—Certified by The Rapid Eye Institute (2022)

Life Coach—Certified by The Rapid Eye Institute (2022)

Immediate Release Technique Practitioner—Certified by The Rapid Eye Institute (2021)

Reflexologist—Certified by Advanced Therapy Institute of Touch (2020)

Bachelor of Arts in Speech Communication—Bethune-Cookman University (2007)

Master of Arts in Communication— University of Colorado (Colorado Springs): focus in intimate partner violence (IPV), domestic violence (DV) & family dynamics (2009)

BodyTalk Access™ Technician (2019)

Certified Emotion Code Practitioner—CECP (2018)

Career Trainer—Aspen Pointe (2011-2013)

TESSA—Confidential Victim Advocate/Residential Support Staff (2010-2011)

Court Appointed Special Advocate (CASA) for the Pikes Peak Region (2009-2011)

Substitute teacher for Harrison School District 2 and Fountain-Fort-Carson District 8 (2009-2011)

Tutor for Academic Consulting and Educational Services (2006-2007)

Coordinator Intern at the Stewart-Marchman Center for Chemical Independence (2007)

**APPOINTMENTS AND FEE STRUCTURE:**

- 1.) You are expected to pay your fee at the time of your sessions unless you make other arrangements with me prior to the session.
  
- 2.) When we make an appointment, I set aside the time exclusively for you. I ask a 24-hour notice of cancellation to allow some time to fill the cancelled time slot. You will be charged if I do not receive this advance notice. Exceptions will be made only for dangerous weather conditions, hospitalization, and death in the immediate family. To cancel, please text or call me at 719-220-2205, leave a message if I am not available.

**CONFIDENTIALITY:**

The information provided by you during therapy sessions is legally confidential except for child abuse, be it physical or sexual, which must be reported to DSS; and intent to commit suicide or homicide, including transmitting sexual diseases to unsuspecting partners, which necessitates measures to protect you and/or others.

There may be times when I will need to consult with other professionals on treatment issues but your name or any details that would lead to your identity will be omitted. You are encouraged to discuss with me your progress in treatment. You may also seek a second opinion.

**PROHIBITION:**

Sexual contact between client and therapist is not a part of any recognized therapy. Sexual intimacy between client and therapist is illegal in Colorado. This and any other inappropriate behavior should be reported to DORA (Colorado Department of Regulatory Agencies):

1560 Broadway #1545, Denver, CO 80202  
(303)-894-7855

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*I have been informed of my therapist's credentials, certifications, and licenses. I have also read the preceding information and understand my rights as a client. I agree that I have received this information as required by the Colorado Natural Health Consumer Act and have received a copy of this notice.*

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist's signature

\_\_\_\_\_  
Date