



Inner Nourish Counseling, LLC  
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## Client-Therapist Agreement

### DEGREE INFORMATION:

#### **MA Counseling Psychology**

University of Denver  
Denver, CO  
June 2013

#### **Bachelor of Science in Psychology**

University of Florida  
Gainesville, FL  
June 2009

#### **Licensed Professional Counselor**

LPC.0012939  
Issue Date: 3/17/2016  
Expiration: 8/31/2017

I am registered on the database of the State Grievance Board, aka Colorado Mental Health Grievance Board.

The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Colorado State Department of Regulatory Agencies. Any concerns may be addressed to the appropriate licensing board or: Colorado State Grievance Board - 1560 Broadway Street; Suite 1350; Denver, CO 80202; 303-894-7766.

### CLIENT RIGHTS:

You are entitled to receive information regarding methods of therapy, the techniques used, the duration of your therapy (if it can be determined), and the fee. You can seek a second opinion from another therapist or terminate therapy at any time. In a professional relationship, sexual intimacy between a therapist and a client is never appropriate and is illegal in Colorado. If sexual intimacy occurs, it should be reported to the State Grievance Board.

### CONFIDENTIALITY:

[FOR LICENSED PSYCHOTHERAPISTS OR UNLICENSED PSYCHOTHERAPISTS PRACTICING UNDER SUPERVISION- see State Grievance Board Rule 12(e)].

Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a certified school psychologist, a licensed clinical social worker, a licensed marriage and family therapist, a licensed professional counselor, a licensed psychologist, or an unlicensed psychotherapist practicing under the supervision of a licensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent. Information disclosed to an unlicensed psychotherapist not practicing under the supervision of a licensed psychotherapist is not legally confidential.

**There are exceptions to the general rule of legal confidentiality.** These exceptions are listed in the Colorado statutes (see section 12-43-218, C.R.S., in particular). In general, these exceptions include:

1. The law requires reporting cases in which:
  - A. the client may present a danger to self or others
  - B. there is indication of child abuse or neglect
  
2. Therapist(s) and/or records may be subpoenaed in court proceedings including but not limited to child custody, criminal, and delinquency cases.

If these exceptions arise regarding confidentiality, they will be discussed with you. Furthermore, if you will be seeking reimbursement for counseling services through your insurance company, your therapist may share information with your insurance company regarding diagnoses and dates of service. Your therapist may also share information about your case as part of supervision or consultation, but identifying information will not be released.

**PLEASE NOTE:** Clients may choose to email, text or utilize social media (such as Inner Nourish Counseling’s Facebook page) to contact their therapist. These modes of communication, while protected with passwords specifically chosen by the therapist, cannot be guaranteed as confidential forms of communication.

APPOINTMENTS:

Individual therapy sessions are 50 minutes. This time is reserved for you. In the case that you need to cancel or reschedule an appointment, 24-hour advance notice is required. **With less than 24 hours notice, you will be charged the full amount for the session.**

FEES:

My fee for a 50-minute session is \$120.

Your fee/copayment is \_\_\_\_\_, due in full at each session.

Payment methods: Credit cards and debit cards are accepted. If you choose to pay with cash or check, please have this ready prior to the beginning of each session. If you end therapy with an unpaid balance and do not make arrangements to settle the bill, your account may be turned over to a collection agency. Any costs incurred in the collection are your responsibility.

Telephone conversations of a clinical nature will be charged at \$30 for every 15 minutes. Reports and court appearances require professional time for which I charge the full rate of \$120.00. Court appearances require a 4-hour minimum.

CANCELLATIONS OR MISSED APPOINTMENTS:

The time of your scheduled appointment is reserved for you. It is my policy to charge for late cancellations (less than 24 hours notice) or for missed appointments/no shows. **IF YOU ARE USING INSURANCE TO PAY FOR SESSIONS, PLEASE STILL ENTER YOUR CREDIT CARD INFORMATION.** Cancellation/missed appointment policies still apply. You will be billed the full amount for a 50-minute session which is \_\_\_\_\_.

(circle one) Visa / MasterCard / Discover /  
American Express

Credit Card #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_  
Card Zip Code: \_\_\_\_\_

TREATMENT METHODS, PLANNING, AND EVALUATION:

Since Inner Nourish Counseling is not a 24-hour crisis-intervention agency, in case of an emergency, you may call the numbers on the accompanying EMERGENCY NUMBERS sheet, or you may call 911 or go to the nearest hospital emergency room.

Your therapist can approximate length of treatment and probable results; however, as response differs on an individual basis, guarantees cannot be made as to treatment outcome. If I cannot provide the services you need, you will be provided referral information.

In my counseling approach I utilize a client-centered approach and mindfulness based techniques. If you would like more information regarding these theories please feel free to ask.

Periodically, client and therapist will assess progress toward treatment goals. It can be mutually beneficial if termination is discussed in advance. In the event that 60 days transpires since the last scheduled appointment, it will be assumed that treatment is terminated. A client may choose to re-engage in the therapy process at any time but must contact the therapist to re-establish treatment services.

I have received a copy of the NOTICE OF PRIVACY PRACTICES. Client initials \_\_\_\_\_

I have been given a copy of this CLIENT-THERAPIST AGREEMENT and a list of EMERGENCY NUMBERS. I have read the preceding information and understand my/my child's rights as a client. I consent to treatment at Inner Nourish Counseling.

DISCLAIMER: All counselors at SonderMind are independent mental health professionals with their own private practices. Inner Nourish Counseling, LLC is an independent counseling business, separate from SonderMind.

\_\_\_\_\_  
Adult Signature

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Date

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Adult Signature

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Date

\_\_\_\_\_  
Teen Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date