

**Rebecca Arnold, MA, LMT  
Blue Lotus Body Therapy  
100 East Simpson Street, Suite 100  
(970) 200-2997**

## **Psychotherapy Policies and Informed Consent Form**

I am a Registered Psychotherapist and a Licensed Massage Therapist in the State of Colorado. I have a Master's Degree in Somatic Counseling Psychotherapy from Naropa University. I also have training in the Hakomi Method of Body Centered Psychotherapy. My work as a therapist draws primarily from the Hakomi Method; an experiential, mindfulness based, body-centered psychotherapy.

The nature of our work is highly personal, yet we are also about to enter a business agreement. My policies reflect my adherence to professional standards of conduct. Specifically, I intend to show up fully for each of your sessions and to embrace your experience with curiosity, compassion and acceptance. I will try to create a safe environment for you to explore whatever issues are bringing you to therapy.

I view self-discovery as a process. Some goals can be achieved within a few sessions, while others over an extended period of time. You are entitled to receive information about the methods of therapy, the techniques used, the duration of your therapy (if known,) and the fee structure. You may seek a second opinion from another therapist or end therapy with me at any time. If I find that your therapeutic needs are outside of my scope of expertise or skill level, I may choose to refer you to another professional.

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The Board of Registered Psychotherapy can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals, a Registered Psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing.

### **CONFIDENTIALITY**

All information obtained in the counseling relationship is considered to be confidential and may not be revealed without your consent. I will break this privileged communication only if I consider your behavior to be a danger to yourself or to others, or if sexual or physical abuse of children or seniors is reasonably suspected. The

exceptions to confidentiality are listed in section 12-43-218 of the Colorado Revised Statutes. If legal exception arises during therapy, you will be informed accordingly.

I also participate in ongoing supervision as a commitment to providing ethical and quality care. Supervision involves discussion of treatment considerations that entail disclosure of information regarding your therapy. Supervision consultations are governed by the same rules of confidentiality as individual psychotherapy, which means that names and other identifying information are not revealed.

## **DUAL RELATIONSHIPS**

Sexual involvement between therapist and client is never part of the therapy process nor are any other actions or dual relationship situations that might impair my objectivity, clinical judgment, or therapeutic effectiveness or that could be exploitative in nature. In addition, I will never acknowledge working therapeutically with you or with anyone without your written permission. In some instances, even with permission, I will preserve the integrity of our working relationship. For this reason I will not accept any invitations to social engagements or social networking sites.

## **FEES & PAYMENT FOR SERVICES**

My current rate is \$100 for a one hour session. Fees are to be paid by cash, check, or credit card at the time of service. I do not bill insurance, Medicaid or Medicare for psychotherapy sessions.

## **APPOINTMENT & CANCELLATION POLICY**

If you need to cancel or reschedule an appointment, please do so with least 24 hours notice. If you fail to cancel a scheduled appointment within 24 hours, you will be expected to pay a \$50 for a missed appointment fee, unless it is due to a legitimate emergency.

## **MY AVAILABILITY BETWEEN SESSIONS**

I generally return phone calls within 24 hours. When I am traveling, I may not be available to return calls within that time.

I am not available for emergency phone calls. If you are having uncontrollable symptoms, thoughts of harming yourself or others, or if a life-threatening crisis should occur, you agree to contact a crisis hotline or to go to a hospital emergency room.

## CLIENT RESPONSIBILITIES

1. Follow policies for scheduling and keeping appointments.
2. Follow policies for payment of fees.
3. Notify me of any changes in your name, address, email and/or phone number.
4. Notify me of any ongoing professional mental health relationships.
5. Discuss plans to engage the services of another mental health provider before being seen by someone else.
6. Understand that change requires personal work outside of the therapy session.
7. Recognize that therapy may evoke feelings of discomfort prior to feelings of relief. Please discuss any concerns you have in this regard.

I have read the preceding information and I understand my rights and responsibilities as a client. I consent to treatment and to the provisions in this Psychotherapy Policies and Informed Consent Form.

Signed (client):

Date:

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