Disclosure Statement

Your Rights as a Client
The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the State of Colorado. Any questions, concerns, or complaints regarding the practice of mental health may be directed to: Mental Health Grievance Board, 1560 Broadway, Suite 1340, Denver, Colorado 80202, (303) 894-7766. You are entitled to receive information about the methods and techniques of therapy I use, duration of therapy (if known), fee structure, and my degrees, credentials and licenses. You may seek a second opinion from another therapist or terminate therapy at any time. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

Confidentiality
All information provided to me by you in our professional relationship is confidential except in the following circumstances: All information provided to me by you in our professional relationship is confidential except in the following circumstances: (a) you sign a release of information for a specific individual or agency; (b) child or elder abuse; (c) you are in imminent danger to self or others; (d) subpoena of records in a criminal procedure; (e) I am required to report any suspected threat to national security. Additionally, I will consult with a treatment team of supervisors and/or a medical backup. The purpose of consultation is to enhance my ability to help you, and these professionals are required to follow the same standards of confidentiality previously described.

Education/Training/Credentials
I have a Masters in Psychology from Regis University. I have been a Psychology professor at the Community College of Denver for the last 6 years. I worked as a counselor at Excelsior and Craven & Associates over the last 4 years. I am currently finishing my doctorate at the University of Denver in Higher Education. Inner Self and Wisdom, LLC supervision/counseling is done under my credentials as a Registered Psychotherapist (NLC.0107047) and LPCC (LPCC.0013487).
Theoretical Perspective
I work from an Experiential, Humanistic, Emotional and Cognitive perspective that integrates multiple counseling theories to best meet your needs. I collaborate with you to understand the struggles and growing areas you face and how you can make the choices needed to fulfill your desires. I attempt to work with you and the system to connect to gain holistic perspective of you or the systems reality. I may ask about others who are important in your life, cultural influences, and how you how you are impacted by societal pressures and oppressions. Together we will work to make positive changes in your life, working in holistic manner that addresses the mind, body, emotions, spirit, and social environment.

Services, Fees and Payment
I offer individual, couples, and family therapy. Inner Self and Wisdom, LLC Fees charges at the rate of $100.00-150.00 for individual sessions. Sessions for couples/families will be charge at the rate of $150. Standards sessions are 50minutes long but can be extended to 30 minutes at an additional rate of $25. Inner Self and Wisdom, LLC does pro-bono and adjust fees on a sliding scale on limited basis, which will be determined at the first session. Inner Self and Wisdom, LLC does not accept or work with insurance of any kind including Medicaid or Medicare. Payment is expected at the time of service and may be made with cash, check made payable to Inner Self and Wisdom, LLC, or credit/debit card, and Square.

Couple/Family Counseling:
Should I see any family member or partner of a couple in a private session, I reserve the right to bring that information into the joint session if I feel it is necessary to treatment of the couple/family. Please note this is different than individuals in counseling and their privilege of confidentiality.

Text Message/Email:
By signing and agreeing to Inner Self and Wisdom, LLC disclosure, Inner Self and Wisdom, LLC will allow emails and text messages to coordinate scheduling and cancellation. Clients are aware that Inner Self and Wisdom, LLC emails, text messages are not on a encrypted server and is not responsible for any technology/Data breaches. Inner Self and Wisdom, LLC will not send medical health records via email and must request a Release of Information upon release. Any emergency should contact 911. Inner Self and Wisdom, LLC allow access to email/ text message please sign additional document.
Telephone Calls and Emergencies
I am available to return business calls between 9am and 9pm, Monday through Friday. If I am out of town, I will give you the name and phone number of the associate covering for me while I am gone. I do not provide 24 hour emergency coverage. If you have an emergency please call your local 24 hour crisis line listed in the front of your phone book or call 911. There is no charge for brief phone calls. Calls lasting longer than 10 minutes will be charged on a pro-rated basis of my hourly fee. My policy for written reports requested by insurance companies, physicians, etc. will also be charged at my hourly rate unless very brief.

There are both risks and benefits inherent in therapy. Please ask me about these in relation to your specific case. There may be psychological side effects from counseling. This risk comes with any therapy. You may share painful things. Our goal is to confront these issues, and with time, we hope any negative side effects will lessen and our work together will benefit you. Additionally, there are no guarantees regarding the outcome of therapy.

Cancellations
Since I have reserved your appointment time exclusively for you, it is my policy to receive at least a 24 hour cancellation notice or you will be charged for the appointment. I will negotiate exceptions for emergencies such as severe weather or sudden illness on an individual, per time basis. By agreeing to terms, Inner Self and Wisdom, LLC holds the right to credit card information to charge for the full amount of the scheduled session, if cancellation is not received. Inner Self and Wisdom, LLC can hold counseling services via phone and video chat.

Location
1633 Fillmore Street | Suite 103 | Denver, CO 80206
Agreement and Acceptance:
I have read the preceding information. I have also received the HIPAA Confidentiality Information Regarding Psychotherapy and Privacy Notification attachments. I understand my rights and responsibilities as a client and I have had an opportunity to ask questions.

_____________________________________________________________
Client Signature (parent or guardian for a minor)  Date

_____________________________________________________________
Client Signature (parent or guardian for a minor)  Date

_____________________________________________________________
Therapist Signature  Date

Regulatory Requirements applicable to Mental Health Professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a masters 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, is not licensed or certified, and no degree, training or experience is required.
Credit Card Information

Name on the Credit Card _______________________________________________________

Card number ________________________________________________________________

Zip code of card _____________________________________________________________

CSC ____________________________________________________________

Zip _______________________________________________________________________

Exp ______________________________________________________________________