CLIENT - THERAPIST AGREEMENT

Christina Allard, LPC. LAC.

720-330-3713

I am a Licensed Professional Counselor and a Licensed Addictions Counselor in the State of Colorado. My degree is a Masters of Arts in Counseling from Regis University, 2016.

The practice of both licensed and registered 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; 303-894-7800
- As to the 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 bachelors degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A 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.

CLIENTS RIGHTS:

You are entitled to receive information about methods of therapy, the techniques used, the duration of therapy if known, and the fee. You may seek a second opinion from another therapist and may terminate therapy at any time. In a professional therapy relationship, sexual intimacy is never appropriate and is illegal in Colorado. It should be reported to the Grievance Board.

CONFIDENTIALITY:

The information provided by you during therapy is legally confidential except as required by law. There are exceptions to the rule of confidentiality. In general, these exceptions include:

- 1. The law requires reporting cases in which:
 - the client may present a danger to self or others,
 - 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 exceptions arise regarding confidentiality, they will be discussed with you.

APPOINTMENTS:

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. <u>With less than 24 hours notice, you will be charged the full amount for the session</u>. This will be your responsibility and cannot be charged to insurance.

FEE:

Our full fee for a 50-minute session is \$85.00.

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 may be charged as regular sessions. Reports and court appearances require professional time for which we charge the full rate of \$250.00; court appearances require 4-hour minimum.

TREATMENT PLANNING AND EVALUATION:

Since SonderMind 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 we cannot provide the services you need, your therapist will offer you referral information.

Periodically, client and therapist will assess progress toward treatment goals. It can be mutually beneficial if termination is discussed in advance.

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I have received a copy of the NOTICE OF PRIVACY PRACTICES.

I have been given a copy of this CLIENT-THERAPIST AGREEMENT and a list of EMERGENCY NUMBERS. I have read the preceding information, it has also been provided verbally, and understand my/my child's rights as a client or as the client's responsible party. I consent to treatment with Christina Allard, LPC, LAC, at SonderMind

Adult Signature	Date	Teen Signature (ages 15-18)	Date
Therapist Signature	Date	Therapist Signature	Date
FOR FAMILIES:			

Name(s) of Client(s) if minors

I attest that I am authorized to give permission for my child(ren) to have counseling at Transformative Counseling.

Parent/Guardian Signature (of children Date age 14 and under)

Parent/Guardian Signature (of children age 14 and under)

Date

Client initials

Therapist Signature

Date