

**Client Informed Consent & Disclosure Statement
Agreement for Services**

Thank you for your interest in working with me as a client. I am providing you with the following information so you can make an informed choice about engaging in my counseling services. **A primary commitment of BrighterPath Counseling is to provide quality time-effective treatment to individuals, couples, families and groups, regardless of age, race, sex or religious affiliation.** Please read through the following information, ask any questions you may have and sign. Thank you for allowing me to serve you.

The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The Board of Licensed Professional Counselors can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303)894-7800. A Licensed Professional Counselor must hold the necessary licensing degree.

I hold a Master of Arts degree in Counseling from Colorado Christian University, and have received licensure with the State of Colorado as a Professional Counselor. A Licensed Professional Counselor practices professional counseling: those activities that assist the person receiving counseling in developing an understanding of personal, emotional, social, educational, alcohol and substance abuse, domestic violence, and vocational development and in planning and effecting actions to increase functioning or gain control of his or her behavior in such areas. Such professional counseling activities include, but are not limited to, skill-building in communications, decision-making, and problem-solving, clarifying values, promoting adaptation to loss and other life changes, developing social skills, restructuring cognitive patterns, defining educational and career goals, and facilitating adjustment to personal crises and conflicts.

I practice Eclectic psychotherapy, which means that I am familiar with a number of different psychotherapeutic theories, methods, and practices, including but not limited to **Cognitive Behavioral, Existential, Solution Focused, Emotionally Focused, Family Systems and EMDR.** This enables me to select what is most valid or relevant for the client(s) presenting needs. I am trained in basic EMDR (Eye Movement Desensitization and Reprocessing), which is a therapy for healing of trauma. **I provide in office therapy and telehealth, therapy over video or telephone. I also specialize in Christian counseling and make this available for clients who request it.**

I. CLIENT RIGHTS AND OTHER IMPORTANT INFORMATION

1. 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. Please ask if you would like to receive this information.
2. You may seek a second opinion from another therapist or terminate therapy at any time.

3. In a professional relationship, such as ours, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the license, registrant, or certificate holder.
4. Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent.
5. In addition, there are exceptions to confidentiality, some of which are listed in section 12- 43-218 of the Colorado Revised Statutes, as well as other exceptions in Colorado Federal law. For example, mental health professionals are required to report suspected child abuse or neglect to authorities. Other exceptions include if you are at serious risk of harming yourself or others, as in the case of potential suicide or homicide. If a legal exception should arise during therapy, you will be informed accordingly.
6. I provide non-emergency counseling services. If for any reason you are having a true life- threatening emergency, please call 911 or check yourself into the nearest hospital emergency room.
7. Telehealth will include therapy over telephone or over a secure video conferencing platform. There are potential risks involving technology, including but not limited to: internet interruptions and technical difficulties with hardware, software, and internet connection which may result in service interruption and the therapist is not responsible for any technical problems and does not guarantee that these services will be available or work as expected. Clients are responsible for their security information and their privacy on their chosen electronic devices and in their chosen physical location, outside the BrighterPath Counseling office.
8. If you are involved in divorce or custody litigation, my role as a counselor/therapist is not to make recommendations to the court concerning custody or parenting issues. By signing this Disclosure Statement, you agree not to subpoena me to court for testimony or for disclosure of treatment information in such litigation; and you agree not to request that I write any reports to the court or to your attorney, making recommendations concerning custody. The court can appoint professionals, who have no prior relationship with family members, to conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family's children.
9. Legal services incurred on your behalf are charged at a higher rate including but not limited to attorney fees that I may incur in preparing for or complying with the requested legal services, testimony related matters like case research, report writing, travel, depositions, actual testimony, cross examination time, and courtroom waiting time. This higher fee is \$300.00 per hour.
10. Please note that it is impossible to guarantee any specific results regarding your goals using any of the approaches I offer in my practice, and we don't know how you will personally respond to any of the approaches. However, we will work together to achieve the best possible results for you. As with any intervention, there are risks associated with counseling and therapy. Risks during evaluation or therapy

might include remembering, talking about, or experiencing unpleasant events which results in uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, worry, depression or insomnia, etc., or having difficulties with others. The approaches I offer are not to be a substitute for medical diagnosis or treatment and they do not replace the services of a licensed physician.

- 11. I am glad to return phone calls; however after 10 minutes, I will ask if you would like to continue the conversation at the following scheduled session or if you want a full session fee charged.

- 12. My policy is for each person receiving counseling to pay for such service on the day the professional service is rendered, unless other arrangements for payment are agreed to by both client and counselor and documented. **My fee is based on a 50 minute session at \$100.00 per session.** I also offer a sliding scale for those with financial hardships. By signing this form, you authorize Christina Brown, MA, LPC with BrighterPath Counseling, PLLC, to use your credit card information to charge your credit card for counseling sessions rendered and in the event that: a) an appointment is missed (full session fee unless emergency); b) an appointment is cancelled less than 24 hours in advance (full fee unless emergency); c) client check is returned for any reason (check amount, plus \$35 NSF fee).

II. CLIENT SIGNATURE, ACKNOWLEDGEMENT AND AGREEMENT:

By signing in the space provided below, you knowingly, voluntarily, and intelligently assume these risks and except in the case of gross negligence or malpractice, agree to release, indemnify, hold harmless and defend BrighterPath Counseling, PLLC, its owner, member, employee, representative, and consultants from and against any and all claims or liability of whatsoever kind or nature, which you, or your representatives, may have for any loss, damage, or injury, including without limitation, physical, emotional, mental, financial, or personal, arising out of or in connection with your sessions.

***Any client age 12 or older, plus parents/guardian of minor, must sign this consent form. In cases of joint custody, both legal guardians must sign this consent form before minor child can begin counseling.**

Print Client Name(s): _____

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____