

ONE STEP AT A TIME
257 Johnstown Center Drive, Suite 208
Johnstown, CO 80534
970.587.4963

INFORMED CONSENT
CLIENT'S RIGHTS STATEMENT

Thank you for choosing Cindi Rieb, MA, LPC. I realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of my policies, state and federal laws and your rights. If you have other questions or concerns, please ask and I will try my best to give you all the information you need.

REGULATION OF PSYCHOTHERAPY

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The State Board of Registered Psychotherapists' Examiners can be reached at 1560 Broadway, Suite 1350 Denver, CO 80202 (303) 894-7766. 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 master's 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 master's 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.

I provide services in accordance with the following guidelines:

- a) You are entitled to receive information about my methods of therapy, techniques used, duration of your therapy, if known, and the fee structure. I am a **Licensed Professional Counselor**. I have a Master of Arts Degree in Counseling Psychology, and a Bachelor of Science degree in Psychology.
- b) You have the right to seek a second opinion from another counselor or terminate counseling at any time.
- c) In a professional relationship, sexual intimacy between client and counselor is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.
- d) Generally speaking, information provided by and to the client during therapy sessions is legally confidential, and cannot be disclosed without the client's written consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes, and the Notice of Privacy Rights which you were provided, as well as other exceptions in Colorado and Federal law. Certain legal exceptions to confidentiality that may include, but is not limited to, a court order or subpoena that I am required to report are:
 - Any suspected incident of child abuse or neglect to law enforcement;
 - Any threat of imminent physical harm by a client to law enforcement and to the person(s) threatened;
 - Evaluate and seek immediate treatment for a client who is imminently dangerous to self or to others, or who becomes gravely disabled, as a result of a mental disorder or a medical condition
- e) Only authorized persons will have access to your records. At the completion of your counseling, these records will be summarized and filed under lock and key for seven years, after which they will be destroyed.

EMERGENCIES: My usual office hours are Monday-Friday, 9:00 am-5:00 pm. When I am unavailable, an answering machine will take your call. I will return your call as soon as possible during working hours. I will provide non-emergency psychotherapeutic services by scheduled appointment only. If I believe that your issues are above my level of competence, or outside of my scope of practice, I am legally required to refer, terminate or consult. If for any reason you are unable to contact me by telephone at 970.587.4963 and you are having an emergency, please dial 911 or go to the nearest hospital emergency room.

FEE AND PAYMENT POLICY: The fee for an individual session is \$90.00-\$110.00 per session and \$120.00 for a 90 minute session. Couple or marriage counseling is \$130.00 per session. Psychotherapy is provided in a 50-minute clinical hour rather than a 60-minute clock hour. Payment is required at the **BEGINNING** of each session and I accept cash, check, or credit card payments.

Therapeutic phone calls, emails, and texts (review and response) longer than 10 minutes, consultations and other additional services requested will also be prorated accordingly. The fee for any of the abovementioned or similar services is based on the time incurred and will be rounded to 10 minute intervals at a charge of \$16.00 per ten (10) minute increment. You may pay with a credit card by using PayPal on my website at www.onestepcounseling.com and following the steps under "Make Payment". Credit card payments **MUST** be made before day of counseling session.

INSURANCE: I am contracted (in network, preferred provider) with most insurance companies. I also accept most Employee Assistance Programs (EAP). Please notify me of what insurance you have. Your signature on this document provides Cindi Rieb, MA, LPC, One Step At A Time, permission to communicate with your insurance company, HMO, third-party payer, EAP or anyone connected with your psychotherapy funding source. If I am not in network with your insurance company, I will provide a Superbill for the counseling service that you can submit to your insurance company for possible reimbursements. **Please note that I do not complete any insurance paperwork.**

CANCELLATION/TARDINESS POLICY: If you need to cancel an appointment, please call **970.587.4963** at least 24 hours in advance. If cancellation occurs less than 24 hours before appointment you will be charged a \$50.00 fee. If you are running late, please inform me. Arriving late will reduce the length of your session.

ELECTRONIC COMMUNICATIONS: It is understood that confidentiality cannot be guaranteed when communicating via cell phone, cordless phone, fax, email, or computer. You agree that these forms of communication are only to be used for business-related (appointment confirmations) or logical communications and are not to be used as a means of therapy.

LIMITATIONS OF THE THERAPEUTIC RELATIONSHIP: Due to the nature of therapy, our relationship has to be different from most other relationships. In order to protect the integrity of the counseling process, our relationship must remain solely that of psychotherapist and client. This means that as your psychotherapist, I cannot be your friend. I cannot have any type of business relationship with you other than the counseling relationship (i.e., I cannot hire you, lend to or borrow from you; trade or barter for services in exchange for counseling). I cannot have any kind of romantic or sexual relationship with a former or current client, or any other people close to a client.

I have read the preceding information and I understand my rights as a client or as the client's responsible party. I also acknowledge that I have received a copy of this Disclosure Statement. By signing this form, I affirm that I am either over the age of eighteen or that I am the legal guardian and/or custodial parent with legal right to consent to treatment for any minor child or children: and that I am requesting psychotherapy services from Cindi Rieb, MA, LPC at One Step At A Time.

Print Client's Name

Client or Responsible Party's Signature

Date

Counselor Signature

Date

If signed by Responsible Party, please state relationship to client and authority to consent:
