



*Welcome!* Your decision to enter counseling is an opportunity to learn more about yourself, as well as enrich the relationships you find significant. The following has been prepared for you to describe my credentials and clarify your rights as a client. I encourage you to ask questions or to discuss this information at any time throughout our work together. I will need a signed copy to retain in your files, & I am happy to give you a copy for your own record keeping.

### **Qualifications**

I received my master's degree, specializing in couples and family therapy, in the Human Development & Family Studies department at Colorado State University. I have been a practicing psychotherapist since 2000 both in an agency setting as well as in private practice. Prior to this, I worked for several years with adolescents and families in both school-based settings and at a human services agency. I value being a queer friendly and affirming practitioner.

I have developed several areas of personal and professional interest: sexuality and intimacy, young adulthood and successful parenting of adolescents, & the challenges and rewards of a being in a significant relationship. Additionally, I have been trained and approved as an Advanced (Level II) EMDR practitioner, which is a technique used to help heal & transform traumatic experiences. Variations of EMDR techniques can be used to enhance certain desired qualities within yourself.

### **Style of Therapy**

Each therapist has their own unique style in working with clients. I would like to outline what you can expect from our sessions together. I am trained to look for patterns of interaction, and I can help in understanding (& modifying) patterns that are not helpful to yourself or to your relationships. *I am a highly interactive therapist, and prefer motivated clients.* While you can expect me to offer multiple viewpoints, I will not offer advice on major life decisions. I believe your best solutions reside inside you.

- ✓ I am not a medical doctor and cannot write prescriptions. In the case that you have questions or concerns about medication, I will offer you a referral to someone who is qualified to offer such information.
- ✓ Use of cell phone, text, and email communication is subject to interception despite taking security precautions. I make every effort to protect our communication, and have a passcode on my cellphone to protect your privacy.
- ✓ My role as a counselor is NOT to make recommendations to the court concerning custody or parenting issues, or to testify in court concerning these issues. Testimony by therapists in domestic cases may result in damage to the therapeutic relationship, which is a relationship I seek to protect. *By signing this disclosure statement, you agree to not call me as a witness in any such litigation.* However, if I am issued a subpoena from a court of law to testify, my charges are \$300 per hour, and include paperwork and driving time in addition to actual court time.

## Payment for Services

My rates are as follows:

55-minute **individual** sessions, \$150.00;                      75 -minute **individual** sessions, \$205.00  
*If/when Saturday sessions are requested, I have an increased rate of 10% (\$165, \$225)*

55-minute **couples/family sessions**, \$165.00,                      75-minute **couples/family sessions**, \$225.00  
*If/when Saturday sessions are requested, I have an increased rate of 10%, (\$182, \$248)*

\*I will provide a sliding scale adjustment for those in need, for limited periods of time and based upon session time availability. If you need an adjustment, or have circumstances that change and need an adjustment, I value your honesty and willingness to work with me. I welcome this conversation and much prefer discussing changing needs to an abrupt termination of psychotherapy. And IF needed, I am always happy to provide quality referrals.

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### Initials

If you arrive late for a session, this time will likely be shortened and you will be charged at full rate. I prefer payment by cash or check. If you choose to pay by credit card or HSA, the amount, date of charge, and my business name will appear on your credit report, producing a record of services visible to your credit card company. No specific content of our sessions (e.g. diagnosis, treatment plan, session notes) will be disclosed to billing or credit agencies without your signed consent. *I am not a provider for any insurance companies.*

In the event that payment becomes delinquent, we will need to temporarily cease working together until the accrued bill is remedied. Please note, there is a \$35 fee for returned checks. There may be a charge for other services, including consultation with other professionals, preparation of reports, or phone calls lasting over 10 minutes. If you must cancel a session, I appreciate a phone call giving at least 24-hour notice, please; I will be happy to reschedule at a time that is convenient for us both. I dedicate your appointment specifically for you--unless it is an emergency or weather has closed schools, **failure to notify me within 24 hours will result in a charge of your session rate.**

### Credit Card Information for Missed Appointments:

Circle One: Visa/AmEx/MasterCard/Discover/Other: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

CVV Security Code on Back of Card: \_\_\_\_\_

Billing Address with Zip Code: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I give permission to Kris Ullstrup/MS/MFT to charge my credit card the full fee amount for any appointments missed or cancelled with less than 24-hours' notice.

The agreed upon fee for each session will be \$ As noted above

## Your Rights as a Client

As a client of mine, you can expect to be treated with dignity and respect. In general, all material discussed during the sessions is legally confidential. **There are exceptions required by law, explained below.** In addition, the following rights are yours:

- You are entitled to information about any procedures, methods of therapy, techniques and possible duration of therapy as well as fees.
- You have a right to decide to terminate my services or to seek a second opinion. I am happy to provide you with names of other qualified professionals.
- You have a right to conclude therapy at any time. I hope to use our last session together as a way to “wrap up” the work you’ve accomplished along the way.
- **You have the right to expect the highest standards of confidentiality**, with the exceptions of mandatory disclosure in the following circumstances: a) if you threaten bodily harm or death to yourself or another person, or directly endanger the life of others (including a threat to national security); b) if I suspect abuse or neglect of a child (past or present); or c) if a court of law issues a legitimate subpoena.
- I continue to seek clinical & peer consultation with Fern Lawler, PhD, License # 1374, which includes reviewing clients’ goals & progress (names are kept confidential) as well as treatment planning.
- You have the right to request I confer with other professionals about our work together. In these cases, you must give written and time-limited permission for me to speak with others.
- You have the right to a professional relationship. Sexual intimacy between a client and their therapist is never permitted, and should be reported to the State Grievance board.

## Information about Schools of Psychotherapy

The practice of psychotherapy by any person, licensed or registered, is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Marriage and Family Therapist Examiners regulatory boards can be reached at 1560 Broadway, Suite 1350, Denver, CO 80202; (303) 894-7800. The regulatory requirements for mental health professionals provide that a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and Licensed Professional Counselor must hold a master’s degree in their profession and have two years of post-master’s supervision. A Licensed Psychologist must hold a doctoral degree in psychology and have one year or 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, but is not licensed or certified, and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the State.

## **Voicemail and Communication**

\*I check my voice mail regularly through the business week. As is the case with most counselors who are in private practice, I am not available 24 hours per day; therefore, *you cannot depend on reaching me immediately, though I do try to return phone calls within one business day.* To protect privacy, I refrain from texting (exception for scheduling issues) and using social media with clients. I generally return calls within one business day. I do not check my voice mail after hours or on weekends.

In case of an emergency, you may call me at any time and I will make an effort to return your phone call as soon as possible; please make that clear in your message. I will try to return your call as soon as I receive the message. In the event you need assistance prior to my return phone call, please contact one of the 24-hour (emergency) response services listed in the phone book, call 911, or visit your local hospital.. [Please note that I work in both Denver and Fort Collins, and it is sometimes more difficult to reach me; I will make every effort to return non-urgent phone call within 1 business day.] Again, if you need immediate assistance, I encourage you to call 911 or go to the nearest emergency room. When I leave town, I will provide you an on-call therapist should you need to have an appointment in my absence.

*By signing this form, I affirm I have read and agree to the Practice Policies and the above Disclosure Statement information and it has been presented to me verbally. I understand the disclosures that have been made to me and my rights as a client.*

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**Client Signature (s), or responsible party**

**Date:**

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**Client (s) printed name**

**Date:**

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**Psychotherapist Signature:**

**Date:**