



Informed Consent and Mandatory Disclosure Statement

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Introduction:

This agreement is intended to provide you, the client, with important information regarding the practices, policies, and procedures Dr. Sandy Sela-Smith, and to clarify the terms of the professional therapeutic relationship between client and therapist. Any questions or concerns with the contents of this agreement should be discussed prior to signing. If you have any questions about the material contained in this statement, or about any aspect of our work together, please do not hesitate to ask.

My Educational Background:

I am a registered Licensed Professional Counselor in the State of Colorado. I earned my PhD in Psychology Saybrook University in 2001.

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of Licensed Psychotherapists.

The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7766.

Client Rights and Important Information:

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, licensed or certified addiction counselors, and unlicensed individuals who practice psychotherapy.

The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the:

Department of Regulatory Agencies
Division of Registrations
Mental Health Section
1560 Broadway, Suite 1350
Denver, Colorado 80202 (303)-894-7766

- a) You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of therapy (if it is possible to determine), and my fee structure. Please ask at any time if you would like to receive this information.
- b) You can seek a second opinion from another therapist or terminate therapy at any time.
- c) In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section.
- d) Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.

Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates.

There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S. Matters regarding your psychotherapy will be kept confidential except in the following circumstances: 1) You sign a release of information giving permission to release information to a specific individual or agency; 2) Intent to harm self or others; 3) Abuse, neglect, or suspected abuse or neglect of children, elderly, or others unable to care for themselves. There are other exceptions that I will identify to you as the situations arise during therapy.

Any information shared during a session is kept confidential. From time to time, I also consult with colleagues, but in these circumstances, clients are not identified by name. Your signature below constitutes your permission for such consultations. I will not testify in court on any case, if asked, due to the damage this can do to the therapeutic relationship.

Payment Policy:

Psychotherapy: \$120 per hour

I accept cash and checks as payment for psychotherapy services. *Payment is due in full either at the beginning or end of each session.* If the session is by phone, the

amount of time is calculated and provided at the end of the session. A check in the amount designated for that session is to be sent to the Conifer address as soon as possible following the session. I will pro-rate my session fee for any additional time spent that is outside scheduled or planned session time. I do not accept insurance reimbursement. However, a receipt will be given to you and you may be able to obtain reimbursement from your insurance company according to your plan. All fees are ultimately your responsibility, even if your insurance company fails to reimburse you.

My policy for written reports, phone calls, summaries, consultations, etc. that are requested by you or by an insurance company/social services will also be charged at my hourly fee.

Cancellations:

The time of your scheduled appointment is reserved for you. If you need to cancel your appointment with me, *please do so at least 24 hours in advance*. If you fail to notify me within 24 hours, or if you miss an appointment, you will be charged the session fee. Insurance companies generally do not reimburse for missed appointments.

Messages and Telephone Calls:

Every effort will be made to return calls within 24 hours, Monday through Friday. You may leave messages for me on my confidential voicemail at (303)-838-2329. There is no charge for brief phone calls. Calls lasting longer than 10 minutes will be charged on a pro-rated basis of my session fee.

Emergencies:

Although I am committed to checking messages and returning calls, I do not carry a pager and I do not provide 24-hour coverage. If you feel you are having a mental health emergency and you are unable to contact me, call Emergency Psychiatric Services 24 hour hotline at (303)-447-1665 if you live in Boulder or Longmont. If you live in the greater Denver area, or if you feel you are having a true life or death emergency, dial 911 for help or check yourself into the nearest hospital emergency room.

Generally speaking, I provide non-emergency psychotherapeutic services by scheduled appointment. Clients seen in outpatient psychotherapy are assumed to be responsible for their day-to-day functioning. If I believe your psychotherapeutic needs are above my level of competence or outside my scope of practice, I am legally required to refer you, terminate therapy, or seek outside consultation.

The Counseling Process:

Counseling has both benefits and risks. Benefits for people who undertake counseling often include a reduction of feelings of distress, more satisfying relationships, and resolution of specific problems. Growth nearly always brings change, and sometimes, change—even positive change—causes stress. Potential risks of counseling involve recalling unpleasant aspects of your personal history that may bring up distressing

thoughts and feelings. Due to the complexity of human behavior, there are no guarantees that you will feel better or that your problem(s) will be resolved upon leaving my office. During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events and not grounds for alarm. Personal growth may be easy at times and at other times slow and frustrating. Progress and success may vary upon the particular problems and issues being addressed, as well as many other factors. If you have any concerns about your progress or the results of your counseling experience, please talk to me at any time during our work together.

It is always your right to terminate therapy at any time. However, I strongly encourage you to discuss this decision with me. It has been my experience that, particularly in a therapeutic relationship of any length, that termination is a very important process. I will always give you my professional opinion as far as the timing of termination and will be open to discussing this with you.

The work I do with clients is not the traditional cognitive behavioral psychotherapy, and I do not follow the medical model for determining the cause of problems presented. My perspective is from an eclectic Mind/Body/Spirit model, which uses Jungian-based psychodynamic principles, combined with Holotropic principles of Grof and others that recognize the multiple aspects and levels within the human experience with the goal of individuation or wholeness. Although I do recognize that clients may present with behavioral or personality patterns that match DSM 5 categories, I do not classify according to the DSM 5 and do not diagnose mental illness. My perspective holds that unresolved issues from the past create thought, belief, behavior, and life patterns that negatively impact the present. My work supports the client in discovering the root of those issues that when healed lead toward the experience of wholeness.

Thank you for reading this mandatory disclosure form in its entirety. If you have any questions or would like additional information, please feel free to ask.

I have received a copy of this disclosure form and have read and understand the preceding information regarding client rights and policies. I agree to the policies outlined above.

Client / Patient Signature

Date

Counselor

Date