



Client Information Form

Welcome to my counseling and psychotherapy practice. I look forward to working with you. My focus is in helping you to make change in the areas you identify, and I am flexible in my approach in response to your direction. In my therapy, I seek to understand you and your concerns by active listening with empathy and compassion. I think that change and growth occur within a relationship, and that it is the therapeutic relationship, which enables people to find their own ways through anxiety, depression, fear, confusion, abuse, relationship or life changes. I often work from both a developmental perspective and using the lens of the nervous system as well as body-centered psychotherapy techniques to help people change the meaning of their past in their current lives and to have a more regulated nervous system—using my own method: Post-Traumatic Somatic Therapy. I also use EMDR techniques when appropriate. The following is some information about the business aspects of our professional relationship.

Confidentiality

The information you discuss during a psychotherapy session is protected as confidential under law (CR 12.43.214 (1)(d)) with certain limitations.

- It is my policy to report suspected child abuse to the proper authorities who may then investigate. I do not investigate.
- I also may take some action, such as seek an order for your emergency or involuntary commitment, without your consent, if I deem you to be a serious harm to yourself or another. Any action I take without your consent will be discussed with you.
- If I am unable to collect my fee, which we will agree upon, I may send your name and address to a collection agency.
- If you file an official complaint or a lawsuit against me, according to Colorado law, your right to confidentiality will be waived.
- If you choose to use your health benefit plan, you will have given your insurance or managed care company consent to obtain required confidential information for the purpose of determining eligibility for reimbursement.
- I may see seek consultation from another mental health professional; your identity will not be revealed without your consent, and your privacy will be protected by that professional.
- Clerical persons hired by me may have access to limited confidential information. This information is protected from further disclosure and it used solely for administrative purposes.

Late Cancellations

I charge full price for late cancellations of which I am given less than 48 hours notice. This can be negotiated if it is due to an emergency or illness.

Health Care Benefits



I do not do insurance billing and I am not on any insurance panels at this time. If you decide to submit a claim, I can help you by assisting with a super bill.

Availability

You may leave a voicemail message 24 hours a day, and I will attempt to return your call within 24 hours during the weekdays on which I work. During my vacations or absences from my practice, you will need to go to the emergency room to cover any emergencies. I am generally not available on the days I am not in the office. I do not have availability for contact in between sessions. If there is emergency phone contact needed for some reason, I will charge for that time.

Records

Records include identifying information, dates of sessions, an initial assessment and treatment plan, and any consultations or collateral contacts made. Your records will be stored safely with attention to your privacy. They can only be released with your written permission and directions, and it is my policy to not release an entire record, even with your consent. Instead, I may summarize the content related to the request. You will not be given a photo static copy of your record, but you will be granted reasonable access. If you choose to read your record, it is my policy to be present in order to respond to any questions or confusion you have about the recordings.

Terminations

Termination will usually be agreed upon mutually, but you are free to terminate at any time; however, in a few special instances I may decide to stop working with you even though you wish to continue. These include a failure to meet the terms of our fee agreement, a need for special services outside of the area of my competency, and prolonged failure to make progress in our work together. Should this occur, the reason for termination will be discussed with you, and you will be helped to make different plans for yourself, including referral to a more appropriate resource.

I have been informed of my therapist's degrees, credentials, and licenses. I have also read the preceding information and understand my rights and responsibilities as a client.

Client Signature (guardian for minor)

Date

Ruby Jo Walker, LCSW

Date