



Authentic Counseling

Authentic Counseling, LLC provides counseling services for individuals, couples, families, and children. Therapists also facilitate groups covering varied therapeutic topics.

Colorado Law requires that the following information be provided to all clients:

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The Board of Registered Psychotherapist Examiners can be reached at:

Department of Regulatory Agencies Mental Health Section

1560 Broadway,

Suite 1350

Denver, CO 80202

(303) 894-7800

If there are any complaints or concerns regarding the practice of mental health, please direct them to the above listed department. As to the regulatory requirements applicable to mental health professionals:

- Registered psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.
- Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.
- Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.
- Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements. • Licensed Social Worker must hold a master's degree in social work.
- 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.
- 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 postdoctoral supervision

Client Rights, Confidentiality, and Important Information

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. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes, as well as other exceptions in Colorado and Federal law. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: <http://www.dora.colorado.gov/professions/registeredpsychotherapists>. Information disclosed to a licensed marriage and family therapist, a licensed social worker, a licensed professional counselor, a licensed psychologist, 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 which include:

1. I am required to report any suspected incident of child abuse or neglect to law enforcement.
2. I am required to report any threat of imminent physical harm by a client to law enforcement and to the person(s) threatened.
3. I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or to others, or who is gravely disabled, as a result of a mental disorder.
4. I am required to report any suspected threat to national security to federal officials.
5. I may be required by Court Order to disclose treatment information.

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. There are exceptions that I will identify to you as the situations arise during therapy.

You should be aware that confidentiality cannot be assured for electronic communications like cell phones, emails, and fax. You cannot hold your therapist responsible or liable for breach of confidentiality if you choose to communicate by these means. You also give permission for such electronic communications to take place in consultation with your therapist.

I have read and understand electronic communication as it applies. _____ Client Initials

In addition, to assure the quality of your care, I will regularly consult with individual and group supervisors regarding your treatment. My supervisors are bound by the legal confidentiality standards described above concerning the information you disclose in therapy. If I consult with colleagues or field experts regarding issues pertinent to your therapy, your circumstances will be generalized and all identifying information will be concealed.

I have read and understand confidentiality as it applies. _____ Client Initials

Under Colorado law C.R.S. 14-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, in compliance with Colorado law and HIPAA Standards. If you are involved in divorce or custody litigation my role as a 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 parenting time in the best interests of the family's children.

Records include identifying information, dates of sessions, an initial assessment, treatment plan(s), 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 direction. I may sometimes summarize the content related to the request rather than release the entire record. You will not be given a photocopy 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 may have.

In a professional relationship (such as ours), sexual intimacy is never appropriate and should be reported to the Department of Regulatory Agencies, Mental Health Section (contact information on first page). You are entitled to receive information from your therapist 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.

You can seek a second opinion from another therapist or terminate therapy at any time. Payment, Cancellation, Insurance, Services, and Other Policies The fee for psychotherapy services is \$80.00 for 50 minutes and \$120.00 for 90 minutes. If you require financial assistance, the cost is determined by combined household income and assigned a sliding scale fee. Please ask for more details about this offer as spaces are limited for sliding scale clients. Payment is due at the time of service either by cash or credit. Penalties may incur for late payments or non-payments.

If your bill is unpaid for 90 days or more, I will contact a collections agency for any overdue payments. If you are unable to pay for any reason, please inform me before your session.

Your fee until further negotiated is _____ per session. _____ Client Initials

Please give me at least 24 hours notice if you must cancel your scheduled appointment. If you find that you are unable to keep your appointment within that 24-hour time frame, you will be charged the full negotiated amount agreed upon above. You will be charged if you miss an appointment without notifying me, cancel with less than 24 hours notice, or habitually cancel. Because of the nature of counseling and others' needs for services, repeated cancellations may terminate the therapeutic relationship.

At this time, I do not accept insurance, however, you may be able to be reimbursed by your insurance company. Please contact your provider directly to inquire about their terms and policies

Every effort will be made to return calls and/or emails within a 24-hour period, unless otherwise stated. I will attempt to check my messages during my days off but no guarantee will be made to call you within the 24 hours. I will however contact you on my next business day. No emergency services are available at Authentic Counseling LLC. In case of a mental health emergency, contact 911 or the 24-hour crisis line at 1-800-273-8255 or visit your nearest emergency room. Once you have either called an emergency number or gone to the emergency room, please leave me a voicemail indicating you have done so.

Termination will usually be agreed upon mutually, however, you are free to terminate at any time. In rare instances, it may be in my best clinical judgment to terminate services despite your wish to continue. These instances can include: treatment goals have been met, a need for special services outside the area of my competency, and/or a failure to meet the terms of our fee agreement. Should

this occur, the reason for termination will be discussed with you, and you will be helped to make different plans for yourself, including a referral to more appropriate resources.

Upon entering the therapy room, I ask that you turn off anything that rings, beeps, buzzes, etc. You are expected to turn off all electronics and make necessary arrangements so you will not need to be disturbed during our appointment. As far as other distractions, I do not allow children in the therapy room unless explicitly for child or family therapy services. For individual adults, adolescents, and couples, please make arrangements for childcare prior to our appointments. The same goes for animals unless documentation can verify the animal is for service purposes.

If you have any questions or would like additional information, please feel free to ask.

Credentials, Education, Degrees, Certifications, and Associations for Ashley Manson

- Bachelor of Arts from Colorado State University
- Master of Arts from Regis University
- National Board Certified Counselor NBCC # 322599
- Licensed Professional Counselor Candidate LPCC.0013770
- Member of American Counseling Association
- Member of Colorado Counseling Association

All cases will be discussed and supervised by a Licensed Professional Counselor,

Rebecca Moravec LPC.0011206

I have been informed of my therapist's degrees, credentials, and licenses. I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client's responsible party.

Client Signature (or Parent/Legal Guardian)

Date

Client Print Name

Client Signature (or Parent/Legal Guardian)

Date

Client Print Name

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

Clinician Signature

Date

Clinician Print Name

Degrees/Licenses