

## CLIENT - THERAPIST AGREEMENT Rudden Counseling Services, LLC Valerie Rudden, MA, LPC

2010 W 120th, Suite 101 Westminster, CO 80234-2475

### **DEGREE INFORMATION:**

My degree, licensure, certification, training and registration information is listed below:

Master of Arts in Dance/Movement Therapy and Counseling Columbia College Chicago Chicago, IL December 2006

Bachelor of Arts in Performing Arts Dance Concentration Colorado State University Fort Collins, CO May 2004

Licensed Professional Counselor Colorado Licensure Number: 6090

Issued Date: 5/26/2011

The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Colorado State Department of Regulatory Agencies. Any concerns may be addressed to the appropriate licensing board or:

Colorado State Grievance Board;1560 Broadway Street; Suite 1350; Denver, CO 80202; 303-894-7766

## **CLIENTS RIGHTS:**

You are entitled to receive information regarding methods of therapy, the techniques used, the duration of your therapy (if it can be determined), and the fee. You can seek a second opinion from another therapist or terminate therapy at any time. In a professional relationship, sexual intimacy between a therapist and a client is never appropriate and is illegal in Colorado. If sexual intimacy occurs, it should be reported to the State Grievance Board.

### **CONFIDENTIALITY:**

[FOR LICENSED PSYCHOTHERAPISTS OR UNLICENSED PSYCHOTHERAPISTS PRACTICING UNDER SUPERVISION - see State Grievance Board Rule 12(e)].

Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a certified school psychologist, a licensed clinical social worker, a licensed marriage and family therapist, a licensed professional counselor, a licensed psychologist, or an unlicensed psychotherapist practicing under the supervision of a licensed psychotherapist. If the information is legally confidential, the therapist

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cannot be forced to disclose the information without the client's consent. Information disclosed to an unlicensed psychotherapist not practicing under the supervision of a licensed psychotherapist is not legally confidential. There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (see section 12-43-218, C.R.S., in particular). In general, these exceptions include:

- Confidentiality does not apply to cases of suspected abuse/neglect of children or the elderly.
- Confidentiality does not apply to cases of potential harm to self or others.
- A mental health professional may disclose confidential information in proceedings brought by a client against a professional.
- Confidentiality does not apply to cases involving criminal proceedings, except communications by a person voluntarily involved in a substance abuse program.
- Confidentiality may not apply in cases involving legal proceedings affecting the parent-child relationship.
- Confidentiality may not apply to cases involving a minor child. In such cases, the mental health professional may advise a parent, managing conservator or guardian of a minor, with or without minor's consent, of the treatment needed by or given to the minor.

If these exceptions arise regarding confidentiality, they will be discussed with you. Furthermore, if you will be seeking reimbursement for counseling services through your insurance company, your therapist may share information with your insurance company regarding diagnoses and dates of service. Your therapist may also share information about your case as part of supervision or consultation, but identifying information will not be released.

**THE BENEFITS OF COUNSELING** One major benefit that may be gained from participating in counseling is the resolution of the concerns brought to therapy. Other possible benefits may be a better ability to cope with marital, family and other interpersonal relationships, and /or a greater understanding of personal goals and values.

THE RISKS OF COUSNELING There are certain risks involved in counseling. You may experience a variety of negative emotions during therapy as you remember and therapeutically resolve unpleasant events. Seeking to resolve concerns between family members, marital partners, and other persons can similarly lead to discomfort as well as relationship changes that may not be originally intended. The greatest risk of counseling is that it may not by itself resolve your concerns. Valerie Rudden will do her best to assess progress and provide referral to other sources if that is deemed necessary and appropriate. Psychotherapy is a collaborative process and the progress you make will depend in large measure upon your investment in the process.

\*\*PLEASE NOTE: Clients may choose to email, text or utilize social media (such as Rudden Counseling's Facebook page) to contact their therapist. These modes of communication, while protected with passwords specifically chosen by the therapist, cannot be guaranteed as confidential forms of communication.

## **APPOINTMENTS:**

Individual and family therapy sessions are 50 minutes. This time is reserved for you. In the case that you need to cancel or reschedule an appointment, 24-hour advance notice is required.

#### FEE:

My fee for a 45-minute session is \$85.00.

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My fee for a 60-minute family session is \$100.00 My fee for a 90-minute session is \$140.00. My fee for initial intake evaluation is \$120.00

#### **INSURANCE**

At this time I accept Rocky Mountain Health Plans, United Healthcare, TriCare, BHI Medicaid, Mines and Associates EAP, Medicaid BHI and Medicaid COAccess. If using an EAP certification, we will discuss the amount of sessions with pre-authorization. You will be responsible for additional session as requested by you that exceed amount of sessions authorized by EAP.

There is limited availability for sliding scale fees. However, this will be evaluated and granted upon financial need (income verification may be required) and current availability. Your fee/copayment is due in full at each session.

Payment methods: Cash, check or credit cards are accepted. Please have this ready prior to the beginning of each session. If you end therapy with an unpaid balance and do not make arrangements to settle the bill, your account may be turned over to a collection agency. Any costs incurred in the collection are your responsibility.

Telephone conversations of a clinical nature will be charged at \$30 for every 15 minutes. Reports and court appearances require professional time for which I charge the full rate of \$110.00. Court appearances require a 4-hour minimum.

#### **CANCELLATIONS OR MISSED APPOINTMENTS:**

The time of your scheduled appointment is reserved for you. It is my policy to charge for late cancellations (less than 24 hours notice) or for missed appointments/no shows. Some exceptions may apply for inclement weather, sudden illness, or sudden emergency.

#### TREATMENT METHODS, PLANNING, AND EVALUATION:

Since Rudden Counseling Services, LLC is not a 24-hour crisis-intervention agency, in case of an emergency, you may call the numbers on the accompanying EMERGENCY NUMBERS sheet, or you may call 911 or go to the nearest hospital emergency room.

Your therapist can approximate length of treatment and probable results; however, as response differs on an individual basis, guarantees cannot be made as to treatment outcome. If I cannot provide the services you need, you will be provided referral information.

In my counseling approach I utilize a psychodynamic approach with creative arts and play therapy. If you would like more information regarding art therapy, dance/movement therapy, yoga therapy, play therapy, attachment based family therapy, and child parent psychotherapy please feel free to ask. We will discuss which approach will be most appropriate to meet you and your family's needs.

Every 90-60 days	, client and therapist will	assess progress	toward treatment	goals. It can b	e mutually	beneficial
if termination is o	discussed in advance.					

\* \* \* \* \* \* \* \* \*

I have received a copy of the NOTICE OF PRIVACY PRACTICES. Client initials \_\_\_\_\_

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. ,	en given a copy of this CLIENT-THERAPIST AGREEMENT and a list of EMERGENCY NUMBERS. I have read ding information and understand my/my child's rights as a client. I consent to treatment at Rudden g Services, LLC.  Client initials				
<b>DISCLAIMER:</b> All counselors at So professionals with their own priv business, separate from Sondern	ate practices. Rudder	Counseling Services, LLC is ar			
I attest that I am authorized to g Counseling Services, LLC.	ive permission for m	yself and/or my child(ren) to	have counseling at Rudden		
Parent/Guardian	 Date				
Client	Date	 Therapist	 Date		