Chelsea Bristow MS, NLC
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Client Information and Consent to Treatment/Disclosure Form

Welcome! It is my desire to assist you in making informed decisions about your treatment. As a client of psychotherapy and as a consumer, you have certain rights. Therefore, I will explain the information you are entitled to know, such as my view of the therapeutic process, and my expectations for the cooperative working agreement. Please feel free to ask questions about any of the following information.

1. **Education and Training:**

I obtained my Bachelor of Arts degree in Psychology from California Baptist University in Riverside, California, December 2013.
I obtained my Master of Science degree in Forensic Psychology with an emphasis in Psychology and Law from Walden University in Minneapolis, Minnesota in January 2017.

2. **Credentials, certifications, and Licenses:**

Registered Psychotherapist (NLC)
Certified Family Trauma Professional

3. **The Therapeutic Process:**

Counseling has both benefits and risks. Benefits for people who undertake counseling often include a reduction in feelings of distress, more satisfying relationships, increased clarity 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. Every effort will be made to assist you to reach your therapeutic goals. If you have any concerns about your progress or the results of your counseling experience, please talk with me at any time during our work together.

4. **General Structure of Therapy Sessions:**

I do psychotherapy in weekly or biweekly sessions of 45 to 90 minute periods. Length or frequency of sessions can be increased or decreased to reflect your therapy needs. It should be noted that if you arrive late for a session, you are still responsible for the total fee of the session and time will still end as usual.

5. **Canceling Information and Scheduling:**

You must **call** to cancel a session equal to and/or no less than 24 hours in advance or you will be charged the full fee. Certain circumstances may be taken under consideration if this should happen. Appointments can be made either by phone, face to face or by email.

6. **Payment:**

My fee is $135 for a 50-minute session and $185 for a 90-minute session. Sessions can be increased or decreased as needed, wherein the cost would appropriately reflect this change. Payment is expected upon receipt of services. There is a $10 late fee for past due payments and if I receive a returned check, a $35 fee will apply to the total amount. Phone consultations of 15 minutes or more will be charged my office visit rates.

Your fee is _____ until further negotiated. **_____Client initials**
I have read and understand payment as it applies. **_____Client initials**

7. **Messages:**

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.

8. **Emergencies:**

While my practice is not prepared to handle emergencies, please either dial 911 or head to your nearest Emergency room. I have also given you an emergency phone list, which you should utilize. Once you have either called 911 or gone to the emergency room, please leave me a voice mail indicating you have done so.

9. **Confidentiality:**

The information provided by and to a client during therapy sessions is legally confidential and will not be released without the client's signed consent. Exceptions to the rule of confidentiality apply in the following cases as specified under law 12.43.214(l)(c) C.R.S:

- If I feel there is a threat of you harming yourself and/or other(s).
- If I suspect child or dependent adult abuse/neglect either past or present.
- If there are collection proceedings.
- If a client files a grievance against a therapist.
- If there is a court order for counseling.

Information provided by and to the client during therapy sessions is legally confidential in the case of licensed marriage and family therapists, social workers, professional counselors, AND psychologists; licensed or certified addiction counselors; and registered psychotherapists, except as provided in section 12-43-218 and except for certain legal exceptions that will be identified by the licensee, registrant, or certificate holder should any such situation arise during therapy; and

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Except in the case of information given to a licensed psychologist, legal confidentiality does not apply in criminal or delinquency proceedings.

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

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.

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 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.

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

10. **Client Rights:**

The following information is provided to you in compliance with Colorado State Law. Please read the information carefully and sign below. The practice of licensed or registered persons in the field of psychotherapy is regulated by the Division. Any questions, concerns, or complaints regarding counseling services may be directed to:

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

You are entitled to information about my methods of therapy, techniques used, duration of counseling (if we are able to determine it), and the fee structure.
You can seek a second opinion from another therapist or terminate therapy at any time.
In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers or certifies the licensee, registrant, or certificate holder.

As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters 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. A Licensed Social Worker must hold a masters 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 1000 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 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.

11. **Records:**

Records include identifying information, dates of sessions, an initial assessment, 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 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 about the recordings.
Any person who alleges that a mental health professional has violated the licensing laws related to the maintenance of records of a client eighteen years of age or older, must file a complaint or other notice with the licensing board within seven years after the person discovered

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or reasonably should have discovered this. Pursuant to law, this practice will maintain records for a period of seven years commencing on the date of termination of services or on the date of last contact with the client, whichever is later. When the client is a child, the records must be retained for a period of seven years commencing either upon the last day of treatment or when the child reaches eighteen years of age, whichever comes later, but in no event shall records be kept for more than twelve years.

12. Termination:

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.
Please note that if there is no contact or plans made for treatment, after 90 days (3 months), your file will be closed. If at anytime you'd like to resume counseling, please contact me.
If you have any questions and/or concerns, please feel free to ask.

13. Policies:

Upon entering the therapy room, I ask that you turn off anything that rings, beeps, buzzes, etc. You are expected to turn off all your gadgets and make necessary arrangements so you will not need to be disturbed during your appointment. It is recommended that you leave electronic equipment in your car. This will save you time and expense.
Payment is required at beginning of each appointment. Cash, Check, and Credit Cards are accepted and as stated earlier, a $35.00 fee will apply for returned checks.

14. Other Pertinent information:

While Brightside Counseling Services, LLC does not specialize in court proceedings and most times feels that it can harm the clients to have the counselor testify or be involved in the proceedings, we realize that we can be subpoenaed against the will of ourselves and clients.
I understand that court testimony on my/our behalf is charged at a higher rate of $350 per hour, including testimony related matters like case research, report writing, travel, depositions, actual testimony, cross examination time and courtroom waiting time. Signing this disclosure statement gives permission for my counselor to release confidential information in courtroom testimony and written reports to the courts.
I understand that there may be times when my counselor may need to consult with a colleague or another professional, like an attorney, about issues raised by me in therapy. My confidentiality is still protected during consultation by my counselor and the professional consulted. I will not disclose any identifying personal information. By signing this disclosure statement gives my counselor permission to consult as needed to provide professional services to me as a client.

I have read and understand other pertinent information as it applies. _____**Client initials**

ACKNOWLEDGEMENTS:

I have received a copy of the Notice of Privacy Practices _____**Client Initials**
I have received a copy of this Client/Therapist Agreement _____**Client Initials**
I have received an Emergency Numbers sheet _____**Client initials**

My signature below indicates that I have read the preceding information and understand my rights as a client and agree to abide by the terms specified in the document.

_____ _____
Client Signature Date

_____ _____
Client Signature Date

_____ _____
Parent/Guardian (if client is under 15 years of age) Date

_____ _____
Parent/Guardian (if client is under 15 years of age) Date

_____ _____
Signature of Counselor Date