

FREEDOM'S HOPE COUNSELING, LLC
1437 N. Denver Avenue, #314, Loveland, Colorado, 80538-5226 (970) 829-1968
CLIENT RIGHTS DISCLOSURE STATEMENT AND INFORMED CONSENT

Counselor: Connie Mitchell, MA, LPC, TMHC, NCC

State of Colorado License #15581

Master of Arts Degree in Clinical Counseling, University of Northern Colorado, Greeley, CO

(970) 829-1968, Connie.Mitchell@FreedomsHopeCounseling.com

Professional Experience: Clinical Internship, Access Clinician, & Private Practice Therapist since 2016.

Professional Association & Certifications: Group Work Specialist; Eye Movement Desensitization Reprocessing International Association; American Counselor Association, Colorado Counseling Association; International Cultic Studies Association, Association for Spiritual, Ethical, and Religious Values in Counseling; QPR Institute Suicide Prevention Gatekeeper; ASSIST Suicide, Prevention Certified

REGULATION OF PSYCHOTHERAPISTS

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registration boards. They can be reached at 1560 Broadway, Suite 1350, Denver, Colorado, 80202, (303) 894-7800. The regulatory requirements for mental health professionals provide that a Licensed Professional Counselor must hold a Master's degree in their profession and have two years of post-Master's supervision. A Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.

CLIENT RIGHTS AND IMPORTANT INFORMATION

1. I am a Licensed Professional Counselor. My work is focused on anxiety, depression, high-demand group/cult recovery, spiritual wounding, complex trauma and group work facilitation. Models utilized will be: Interpersonal Process in Therapy, Cognitive Behavioral Therapy, Eye Movement and Desensitization & Reprocessing (EMDR) and Humanistic. Please ask if you would like to receive additional information.
2. You may seek a second opinion from another therapist or terminate therapy at any time.
3. In a professional relationship such as ours, sexual intimacy between a therapist and a client is never appropriate. Any sexual intimacy should be reported to the Colorado Grievance Board at (303) 894-7855.
4. Generally speaking, information provided by and to you in a professional relationship with a psychotherapist is **legally confidential**, and the therapist cannot disclose the information without your consent. There are several **exceptions** to confidentiality which include:
 - I am required to report any suspected incident of child abuse or neglect to law enforcement;
 - I am required to report any threat of imminent physical harm by you to a law enforcement agency and to the person(s) threatened;
 - I am required to initiate a mental health evaluation of you if you are imminently dangerous to yourself or to others, or if you are gravely disabled, as a result of a mental disorder;
 - I am required to report any suspected threat to national security to federal officials; and
 - I may be required by Court Order to disclose treatment information. If legal exceptions to confidentiality arise during our professional relationship, I will identify them to you immediately.
5. 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.
6. You have the right to refuse any service or modality change within the counseling environment. We can thoroughly discuss your hesitations and I will consider these issues.

THE PROCESS OF THERAPY: The typical length of the counseling process is 10-12 sessions. Each session lasts 50 minutes. Complex issues may require up to 12 months of service or more. The first session consists of receiving intake information and reviewing the *Client Rights Disclosure Statement and HIPAA Privacy Practices*. You may receive various tasks to do during the week such as journaling thoughts or dreams, reading, thinking or practicing. Tele-health therapy will take place over the internet using a HIPAA compliant platform. All documents will be verbally agreed upon, signed and mailed back to therapist in 2 weeks.

EMERGENCIES: Please call me at (970) 829-1968. If I am unavailable, a confidential answering machine will take your call. I will make every effort to return your call as soon as possible. You may also call one of the following numbers for additional support:

National Suicide Prevention Lifeline: **1-800-273-8255**
Colorado Crisis Hotline: **1-844-493-TALK (8255)** or text **TALK to 38255**
Alliance for Suicide Prevention, Larimer County: **1-800-273-TALK (8255)**
Samaritans: **1-877-870-4673**
Samariteens: **1-800-252-8336**
Call **911** or proceed to your nearest emergency room.

APPOINTMENT, FEES AND INSURANCE: If you are unable to keep your scheduled appointment, please notify my office. Our hourly fee is \$120-\$140 per 50-minute session. Payment may be made using cash, credit card, debit cards, Flex Plans, HSA accounts or personal check. Online payments are accepted through PayPal and Venmo. A credit card number may be taken at intake and kept on file for your convenience. The office will assist you in determining your health insurance coverage and will bill your insurance for you. Payment is expected at the time of service, and then reimbursement will be sent to you from your insurance company.

There will be an additional fee of \$55.00 for returned checks for insufficient funds. There will be a \$120 fee for a missed appointment and a \$100 same day cancellation fee. Accounts will be turned over to a collection agency for delinquent in payments. Any time spent towards court proceedings and preparation will be charged our standard hourly rate.

INDEMNIFICATION/HOLD HARMLESS: By signing this Disclosure Statement, I agree to indemnify, defend, and hold Connie Mitchell and all of her descendants harmless (not liable) from and against any and all claims, actions, suits, demands, assessments, or judgments asserted, and any and all losses, liabilities, damages, costs, and expenses (including, without limitation, attorneys fees, accounting fees, and investigation costs to the extent permitted by law) alleged or incurred arising out of or relating to any operations, acts, or omissions of the indemnifying party or any of its employees, agents, and invitees in the exercise of the indemnifying party's rights or the performance or observance of the indemnifying party's obligations under this agreement. Prompt notice must be given of any claim, and the party who is providing the indemnification will have control of any defense or settlement.

INFORMED CONSENT: I have read the preceding information, it has also been provided to me verbally, and I understand my rights as a client. I also acknowledge that I have received a copy of this *Client Rights Disclosure Statement* and have received and reviewed a copy of the *HIPAA Notice of Privacy Practices*.

Client Signature/Legal Representative

Date

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