



Disclosure Form

Therapeutic Process:

Thank you for your interest in my services. WholeTherapy provides individual counseling services to those who seek to optimize their mental health and wellbeing. I hope to establish a confidential and professional relationship with all of my clients. As such, I want to inform you of your rights as client which are protected by legal, professional, and ethical standards.

As a client, you will have an opportunity to discuss issues in your life that may be affecting your work, studies, relationships or family. In order to fully explore these issues, you may experience some discomfort. A therapeutic relationship will require time, commitment, and responsibility of both the client and the therapist. For optimal results, I encourage clients to continue the work outside of session with readings and homework assignments.

There are possible risks involved such as experiencing painful thoughts and feelings when you embark in the therapeutic process. There are also numerous benefits including increased self-awareness and personal growth. Change happens when you are willing to be open and honest with yourself.

Therapist Background:

I am a Licensed Clinical Social Worker in the state of Colorado LCSW #282 and a Certified Addictions Counselor, CAC #6528, with an MSW in Social Work from the University of Colorado Denver. In my practice, I use a variety of techniques to help you heal. I am trained in EMDR (Eye Movement Desensitization and Reprocessing-Maiberg Institute). I use a variety of different therapeutic interventions which you are entitled to receive information about during the course of your treatment. I also tend to view change as a process that comes from your readiness and our collaborative efforts, therefore I believe that the therapeutic relationship is very important. If you believe that this type of counseling does not suit your needs, referral to other providers can be arranged. I am open and accepting of individuals from numerous backgrounds.

Fees:

The fee for services is \$150.00 per 60 minute session and \$190.00 for a 90 minute session. Payment is to be made at the time of your scheduled session. I do not currently accept insurance but am willing to provide documentation for you to submit to your insurance company for out-of-network (OON) reimbursement (if applicable).

Initials_____



You also need to be aware that if at any time I am requested by an attorney for information regarding your treatment with myself or copies of your records there is a charge associated with this. The charge for this is the regular fee of \$150.00 per hour, with a one-hour minimum. At times, I am asked to provide testimony. The charge for this service is \$200.00 per hour with a minimum of 4 hours and a 48-hour cancellation policy. I will provide you with additional information about this policy if needed or if you have any questions.

Length of Therapy and Termination:

Therapy is an investment of time. Every person has different therapeutic needs. Your therapy will last as long as work is being done, or you choose to terminate therapy. You are entitled to terminate therapy at any point or seek a second opinion from another therapist. If the therapist must interrupt therapy for any reason, referrals will be provided.

Cancellation Policy:

If you need to cancel your scheduled appointment, a 48-hour notice is expected. WholeTherapy reserves the right to charge you my full fee (\$150.00) for each missed session. Arrangements can be made in advance by calling (970)308-3549 or emailing me: coral@wholetherapydenver.com.

Confidentiality:

The information provided by the client during therapy sessions is legally confidential except for the following exceptions:

1. When you represent a potential danger to yourself
2. When you represent a potential danger to others
3. When there is reasonable suspicion of child abuse, elder abuse, neglect or sexual abuse presently or in the past
4. A court order requiring release of information

Client Rights:

Colorado law states that in a professional relationship clients have the right to:

1. Information about the methods of therapy, the duration of therapy if known, and the fee structure.
2. Seek a second opinion from another counselor/agency or may terminate therapy at any time.
3. Sexual intimacy is never appropriate and should be reported to the director or the board that regulates, registers, certifies, or licenses such therapists.

Initials_____



4. Access their clinical files at anytime
5. Any person who alleges that a mental 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 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.

The practice of both licensed and unlicensed persons working in the field of psychotherapy is regulated by the Department of Regulatory Agencies. Any complaint about your counselor should be addressed to: State Grievance Board, 1560 Broadway Street, #1340, Denver, CO 80202; (303) 894-7766.

By signing below you are stating your understanding and agreement with the policies outlined above and have agreed to participate in counseling.

Client Name (printed) _____ Date _____

Client Signature _____ Date _____

Therapist Signature _____ Date _____