

**Gretchen Flores, MA, LPC, LCPC
Licensed Clinical Professional Counselor**

COUNSELOR DISCLOSURE

Please read and sign each page

COUNSELING

Within the context of the helping relationship, goals are jointly established for the purposes of problem identification, problem solving, self-awareness, insight and self-confidence.

ETHICAL STANDARDS

Ethical standards are set forth by the *American Association for Counseling and Development*, and are followed to ensure that the individual rights and dignity of each client are protected. To review your HIPPA rights go to: www.hhs.gov/ocr/privacy/index.html

EXPECTATIONS

Gretchen Flores is licensed by the state of Colorado and the state of Illinois to practice professional counseling. The license states that this counselor has met state requirements licensing (coursework and examinations) and will provide a level of care that is based upon therapists knowledge and experience. ***If you are ever concerned about your treatment please bring it up for discussion and for resolution.*** If ongoing crisis care is required, referrals to other professionals/specialists will be made to meet the needs of the client.

If the client is not benefitting from the therapeutic relationship, it may be determined that a higher level of care is required, or a referral to a specialist. Please understand that, should the need arise, transitioning the client to other resources is done the best interest of the client. If a client becomes agitated and lashes out at the therapist, or displays excessive or threatening anger, a session may be terminated before the allotted time has passed. Payment for the session will still be required. A sexual relationship between the client and therapist is never appropriate.

FEES AND PAYMENTS

The client is expected to take responsibility for the payment of fees by check or cash, or credit card. Requests for reduced rates will require filling out a request form and reason for requesting a reduced rate. If payment is not made after one session, ***counseling will be placed on hold until payments are caught up.***

BUILDING

I understand that this is a home. I agree to remain in the designated areas for counseling. I understand that occasionally people will trip or fall and I will not hold this therapist responsible if I were to injure myself by falling down or other similar human error. I understand that the elements may cause the outdoor driveway and front entrance to be slippery and will take precautions.

CANCELLATIONS

Cancellation of a scheduled appointment must be made within 24 hours to allow me to plan for my day and to make the hour available to someone else if needed. Consistency with appointments is appreciated. I understand that people will fall ill or experience other life issues that may cause a cancellation. **No Show appointments or appointments cancelled on the same day will include a charge of \$60.00. Late cancellations (not made within 24 hours) will require a payment of \$20.00 for the first missed session, \$40.00 for subsequent cancellations. Please plan accordingly. Occasionally, I also have to reschedule due to sick days, school closures, or family emergency. I do my best to keep scheduling as consistent as possible.** Counseling hours and days of service are subject to change. If there is an active travel advisory (Colorado Blizzard, for example) the late cancellation fee will be waived.

RECORDS

Your paper records are kept in a locked file cabinet. Your notes and insurance information are kept on a HIPPA protected website called Therapy Notes, or in your file in a locked cabinet. The system has a secure password so that if my laptop is stolen, your records remain secure.

Signature _____ Date _____

ENDING SERVICES

You are free to start and stop counseling whenever you want. If possible, it is preferred that you inform me of your intention to discontinue ahead of time so that we can discuss the process of closure. If you are actively suicidal, it is not recommended that you discontinue services. Please feel free to discuss the pace of counseling at any time. You are considered an **active** client as long as you are coming to your appointments regularly. If you have not made an appointment in two months you will no longer be considered an **active** client, unless you let me know ahead of time of your absence. Your **inactive** status can be changed at any time to **active** if you contact me to schedule an appointment.

ADDITIONAL SERVICES

Clients are expected to be able to sustain themselves between sessions. However, if an additional session, or phone session, is needed, it is the clients' responsibility to schedule and pay for the additional services. **Counseling over email or over texting is not appropriate.** Email and texting are reserved for appointment cancellations or rescheduling appointments. Email is not guaranteed as a fully secure form of communication. *Please do not intentionally show up at my home during non-appointment times. This is greatly appreciated.*

EMERGENCIES

If there is a life threatening emergency I understand that I am to either call 911 or go to the nearest emergency room.

This includes severe suicidal ideation. If you know you are a risk to yourself, go to the nearest hospital emergency room for admission and treatment. You may contact me if this situation arises so that I am aware of the need to resume follow up care. The Denver Metro Area suicide hotline number is 303-860-1200. The National Suicide Prevention hotline number is 1-800-273-TALK (8255). Health One Emergency 303-575-0055.

EXTENDED LEAVE

In the case that the counselor faces a long term illness, or another type of issue requiring an extended absence from work, client's will be contacted and referrals will be made for support during the interim.

INSURANCE

You are responsible for contacting your insurance to be certain that you know what your copayment is and how many sessions per calendar year are allowed. If your insurance denies claims, you will be responsible for paying for the full amount due from the insurance company. In the case that claims are denied, then we will change your status to self pay after the amount due is paid in full. There are sometimes discrepancies with what you are informed of over the phone and what actually occurs when the claim is submitted. Discrepancies might not be discovered until after a few sessions have been completed and the first bill has been sent. Each new year in January, the client needs to call their insurance to verify that coverage has remained the same. It is also your responsibility to keep track of when your deductible is met and resulting changes occur. Thank you.

CONFIDENTIALITY

Within state laws and the ethics code of a Licensed Clinical Professional Counselor all services are confidential. Professional counselors are ethically and legally allowed to seek professional advice from other professional colleagues, supervisors, or specialists, to maintain a satisfactory level of care for their clients. Names of clients will not be disclosed during consultations.

CONFIDENTIALITY LIMITS

Counselors are required by law to break confidentiality under the following circumstances:

- Expressed intent to harm self or others
- Suspected child abuse/neglect
- Court order (Typically only a treatment summary is required).
- Information required for insurance billing

The police, paramedics, hospital personnel, or the Department of Child and Family Services may be contacted. You may or may not be notified in advance.

I have read and agree to the above Counselor Disclosure statement, and I have my own copy (page 1-2):

Signature _____ Date: _____

Parent/Guardian Signature (If client is under age 18):

Signature _____ Date: _____