Body Appreciation and Self-Kindness, LLC
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INFORMATION AND CONSENT

Welcome to my clinical practice, Body Appreciation and Self-Kindness, LLC. I am so pleased that you reached out so I can be of service to you. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them. When you sign this document, it will represent an agreement between us. Thank you so much!

PSYCHOLOGICAL SERVICES

It takes a lot of courage to reach out and ask for help. I applaud you for taking that first step. Because psychotherapy and assessment involve an investment of time, money, and energy, it is important that you should choose a therapist carefully. As therapy is a collaborative experience, it is very important that you are comfortable with your therapist and are hopeful about the treatment process. Seeing a therapist is quite different from seeing a medical practitioner because it requires a very active effort on your part. For the therapy to be most successful, you will have to work on things discussed during our sessions and outside the therapy sessions and attend them regularly.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. It will be important to bring this up with me. On the other hand, psychotherapy is a highly beneficial resource and benefits people who go through it. When people feel validated and hopeful, healing can start to take place. I offer a safe, comfortable space for you and me to explore what will help you meet your goals.

A NOTE ABOUT ME

I am a collaborative therapist who believes that all therapy needs to be tailored to individuals, factoring in clients' skills, needs, and strengths. With you being the expert on you and with my 14 years of being in professional practice, ongoing education, and passion to be of service to others, we will work together as I provide support, coaching, skills, clinical knowledge, and feedback to help you.

My work is influenced by cognitive-behavioral principles, solution-focused therapy, positive psychology, values analysis, skills training (relaxation, mindfulness, academic, assertiveness,

stress management and coping), and interpersonal theories. Because one size does not fit all, we will identify your strengths and resources, explore your relationships and your coping strategies and together seek to understand how they have served and impacted you. In doing so, we will use this to help you find the courage to clarify what is holding you back so you can design a life that is more fulfilling and in line with your values to then pave the way for your path of healing.

I am honored and privileged to help people improve their lives by highlighting their personal strengths and sharpening and developing skills to improve mood, raise self-esteem, embrace self-acceptance, restore calm, and establish balance in their overall well-being.

MY BACKGROUND AND CREDENTIALS

I am a clinical psychologist and am licensed by the Colorado State Board of Psychologist Examiners. I maintain another practice in Longmont. My own psychotherapy practice is limited to adolescents (14 and older) and adults. If at any time, for any reason, you are dissatisfied with my services, please let me know right away so we can work to resolve it. Open early communication is best and If I am not able to resolve your concerns, you may report complaints to the State Board of Psychologist Examiners at 303-894-7800 or https://www.colorado.gov/pacific/dora/DPO_File_Complaint.

____ I have read this piece and understand who all to contact if I am concerned about services.

MEETINGS

Our first few meetings will involve an evaluation of your needs. By the end of the evaluation, which may last 1 to 2 sessions, I will provide my thoughts about a general sense of the treatment to help you decide about entering therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. During this time, we can both decide if I am the best person to provide the services you need to meet your treatment goals. If psychotherapy continues, we will discuss the basic format of the sessions needed. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to provide you with names of another mental health professional who may be a better fit.

PROFESSIONAL FEES, SESSIONS, BILLING and INSURANCE

My regular fee is $160.00 for a 90-minute initial evaluation and $120.00 for 45-minute individual counseling appointments. I accept cash or personal checks, or payments issued via Ivy Pay. Payment is due by the end of the session. Please be prompt and attend all sessions and I will do my very best to do the same.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I will submit the unpaid fees to a collection agency or go through small claims court. These costs will be included in the claim. In these situations, the only information

I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

____I have read and understand the timely payment expectations and repercussions for unpaid fees, including all fees in collection efforts (attorney fees, court costs, and other expenses).

Body Appreciation and Self-Kindness, LLC does not accept insurance and am an "out-of-network" provider. If you need a superbill/documentation to satisfy your insurance company, please let me know and I will be happy to provide relevant information.

Body Appreciation and Self-Kindness, LLC has the right to modify fees and will notify clients 30 days in advance of any changes.

____I have read and understand that while Body Appreciation and Self-Kindness, LLC does not file insurance, I am free to do so, if relevant.

___I have read and understand the fees and methods of payments for sessions.

Late Cancellation and No-Show Policy
My time is valuable just like yours. Therefore, there are specific expectations I have about handling missed or late canceled appointments. If you must cancel or reschedule an appointment, I require that you provide me with at least 24 hours (to the start time of our appointment) of notice via voicemail message. This is very important because this time is being set aside for you. This policy is in place to optimize care and maximize availability to other clients requesting care. Without a 24-hour window, this time originally claimed for you can be difficult and almost impossible to fill. Exceptions include emergencies.

Clients are required to secure their account by providing a credit card on file. Without at least 24 hours of advanced notice via phone message or email, you will be billed the full amount of your session fee and your credit card will be charged. No-shows (missing an appointment with no phone notification) are also billed the same full fee. If you are filing on your own with your insurance, please note that insurance does not cover missed or late canceled appointments.

If you have a missed or late canceled appointment, please reach out to me so we can make a time to talk directly on the phone. All balances, including missed appointment fees must be paid prior to the next therapy session. If 2 or more sessions are missed, we will need to discuss whether to continue therapy together or not. When one has not returned for therapy in 4 months, the file will be deemed "inactive" and therefore "closed."

____I have read and understand the policy for missed sessions (including missed/or late canceled appointment fees and the 24-hour advance notification window) as well as the timeline for "inactive" files.

Other Professional Services
In addition to weekly appointments, I charge $120/hour for other professional services (which may include report writing, telephone conversations lasting longer than 15 minutes, reviewing test material, preparation of records or treatment summaries you may need) though I will break down the hourly cost if I work for periods of less than one hour. Rates are prorated in 15-minute increments.
___I have read and understand the rate for "other professional services."

Legal Involvement
If you become involved in legal proceedings that may require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the complexity and uncertainty of legal involvement and clinical time that is compromised, I charge $300 per hour for preparation, transportation, reserved testimony time (whether I end up testifying or not at all) at any legal proceeding, and any other related activities that require my time and effort. This money is due a week in advance of the scheduled testimony date).

_____I have read and understand about the $300/hour fee for all legal preparation/activities and time set aside for testimony (whether it occurs or not).

_____I have read and understand that any court preparation/legal fees incurred must be paid a week before the set testimony date.

____I have discussed and understand Body Appreciation and Self-Kindness, LLC 's fee policies and that Body Appreciation and Self-Kindness, LLC has the right to modify the fees at any time and will provide 30 days of advance written notice to active clients.

LETTERS FOR EMOTIONAL SUPPORT ANIMALS AND SERVICE ANIMALS
I do not write or provide these kinds of letters for clients. If necessary, I will direct you to someone who does this. Writing these letters are outside my scope of practice.

CONTACTING BODY APPRECIATION and SELF-KINDNESS, LLC and TYPE OF PRACTICE
When you call me, due to the nature of this work, I often will not be available to answer the phone. Please leave me a voicemail message on my work phone number (205-937-2625). This is a confidential voicemail that is only accessible by me. I will make every effort to return your call on the same day, except for weekends and holidays. To avoid "phone tag", please provide days and times and a call back number when it may be best to reach you.

I provide outpatient individual psychotherapy for individuals ages 14 and up. I do not operate an emergency or crisis-oriented practice. If you are unable to reach me and consider this to be a psychiatric or psychological emergency, please call 911 or present yourself to the nearest emergency room or contact Colorado Crisis Services at 1-844-493-TALK (8255) for 24 hours/365 day confidential and immediate support.

Please note that communicating methods via text messaging, social media messaging, faxing, or emailing are not the most secure methods of communication and are therefore discouraged. Intake paperwork or other forms, if you choose, can be emailed back to me and only using an agreed upon password.

Social Media Contacts

The following is information about my social media policy. If you have any questions, please reach out to me. In this modern day in age, like many people, I maintain professional social media and online accounts, like my blog, Twitter, Instagram, Pinterest, LinkedIn, Facebook business page, etc. to share information about important topics. Please note that social media messages are not a secure method of communication and are unacceptable.

Initiating treatment through my blog is perfectly acceptable.

I have no expectation that you follow me on these various channels. If you do decide to do that, please be mindful of how a recognizable name may impact our therapy. Also, if you choose to "follow me", I will not follow you back as that blurs the lines between social and professional roles. Anything you wish to share, please bring it up in the therapy hour.

The American Psychological Association's Ethics Code states under Principle 5.05 that it is unethical for psychologists to solicit testimonials: "Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence." If you ever are asked to review me on various websites (Yelp, Google, Healthgrades, Yahoo Local, Bing, etc.), it is not a request coming from me. If you decide to write a review online, please note that this may compromise your confidentiality and that I am not able to respond to it. If a problem or concern arises, I encourage you to bring it up directly to me in therapy.

Please only call Body Appreciation and Self-Kindness, LLC to arrange or modify appointments.

Just as I will uphold and support your confidentiality, I ask that your own online conduct supports your confidentiality, not compromises it.

_____ I have read and understand Body Appreciation and Self-Kindness, LLC's policies regarding all contact, including social media/online, and the type of practice.

MINORS

Body Appreciation and Self-Kindness, LLC is open to individuals who are ages 15 and up. Minors may consent to treatment on their own and parents may have access to general progress, but they may not have access to specific contents of therapy sessions as this is protected by law. If information shared in session(s) suggests that your life is imminent danger, Body Appreciation

and Self-Kindness, LLC will take any and all steps to necessary to ensure your safety. This may include contacting your parents or any other trusted adult in your life, child protective services and/or law enforcement.

At Body Appreciation and Self-Kindness, LLC, I recognize that there are many kinds of families and households. With families of divorced parents, the parent who helps initiate treatment is responsible for all fees incurred. We are happy to arrange for two forms of payment for fees as some divorced parents share medical bills for their children. Please let Body Appreciation and Self-Kindness, LLC know if you have any questions in this regard.

RECORDS AND CONFIDENTIALITY

Part of my duty is to keep records of our contacts and work together. Clinical documentation and intake paperwork are part of your file. These are kept in secure encrypted online storage that is only accessible by me. Records are kept for 7 years after the last date of treatment and then are destroyed after that. For adolescents, records are kept for 7 years after the last date of treatment or up until age 25, whichever is longer.

Information that you share with me is confidential. All communication (session content, phone contacts with you or anyone about your care/services, any email contacts) becomes part of the clinical record, which is accessible to you by request. Confidential information may be released with your permission. To provide you with the best possible care, I may find it helpful to consult other professionals about your case. During such a consultation, I do not reveal the identity of clients. I will keep confidential anything you say to me, with the following exceptions:

1. Your own life or that of another person may be in imminent danger.
2. You sign a release authorizing your therapist to communicate to third party individuals.
3. Abuse of a child or elderly adult, or differently abled adult is revealed.
4. A threat to a location is revealed.
5. Therapist testimony is subpoenaed in the court by a judge ruling over the matter
6. You file a suit or grievance against this therapist.
7. The record is chosen for an audit by your insurance company.
8. Therapist is under the review of the Mental Health Section of the Division of Registrations.

If a situation above or one similar occurs, I will make every effort to fully discuss it with you before taking any action. My efforts to disclose would include notifying Protective Services and/or law enforcement.

Your signature below indicates that you have read and understand the information in this document and that all questions that you may have had have been answered satisfactorily and that you agree to abide by its terms during our professional relationship.

_____ _____

Printed Client Name Date

_____ _____

Client/Guardian Signature Date

_____ _____

Witness/Therapist's Signature Date