

Shannon Huntsberry, MA, LPC

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Disclosure Form

As a Licensed Professional Counselor in private practice, I am regulated by the Colorado State Department of Regulatory Agencies, and required to provide you with information related to my background and to your rights as a client. My professional background includes a Masters degree in Counseling Psychology from the University of Colorado at Denver, specializing in Marriage and Family Counseling. This included two internships: a 9-month internship at Counseling and Psychological Services at the University of Colorado at Boulder, and a 12-month internship at The Counseling Center, in Boulder. I also have 4 years of supervised experience as a therapist working at Mental Health Partners in Broomfield, CO. I hold a Certificate in Autism Spectrum Disorders from the Special Education Department at the University of North Dakota, and became certified as a Life Management Assistance Program (LifeMAP) Coach by the Asperger/Autism Network in Watertown, Massachusetts. I have also received significant additional training in *Social Thinking*, an approach developed by Michelle Garcia Winner. I am also certified in EMDR (Eye Movement Desensitization and Reprocessing), an evidence-based therapy for trauma and mood regulation.

You are entitled to receive information at any time about methods of therapy or coaching, its predicted duration (if known), and the fee structure. You may always seek a second opinion from another therapist or professional, and you may terminate therapy at any time. Dual roles, exploitation, and sexual intimacy are never appropriate in a professional relationship and should be reported to the Grievance Board: Mental Health Section of the Colorado State Grievance Board, 1560 Broadway, Suite 1370, Denver, CO, 80202. (303-894-7766).

Confidentiality

As a professional counselor, I am ethically and legally bound to protect the confidentiality of our communications. The limits of confidentiality are set by law (See Colorado Revised Statutes section 12-43-218). Whether in therapy or in a coaching context, I will only release information about our work to others with your written permission, or in response to a court order. However, there are some situations in which I am legally obligated to breach confidentiality in order to protect you or others from harm. If I have information that indicates that a child or elderly or disabled person is being abused, I must report that to the appropriate state agency. If a client is an imminent risk to him/herself or makes threats of imminent violence against another person, I am required to take protective actions. Such circumstances are rare, but if any of these situations should occur in our relationship, I will make every effort to discuss it with you before taking any action.

Please note that it is of course impossible to protect the confidentiality of information that is transmitted electronically. This is particularly true of e-mail and information stored on computers that are connected to the Internet, which do not utilize encryption and other forms of security protection. Communications to me that you wish to remain fully confidential should thus be maintained in person, by voice mail, or in written/paper form that can be stored in a locked cabinet file.

Minor Clients

In most cases, I have found a team approach is highly productive in working with children under the age of 18. I typically have regular joint meetings with minor clients and their parents or guardians as part of the therapeutic or coaching process. Occasionally, however, it makes sense to consult with parents or guardians without their child present. In such situations, the specific content of my work with a minor will be held in confidence unless the child consents prior to disclosure or client welfare requires that parents have access to such information. Federal guidelines require that I offer minor children confidentiality with regard to any information I receive about drug or alcohol use. I am required to break confidentiality if I perceive a child to be at imminent risk of harm to self or others. I must also report to Social Services any allegations of abuse or neglect, past or present.

Fee Structure

My billing rate is \$130 per 50-minute session. I ask that you pay me at each session, or make arrangements to pay for a block of sessions in advance. I accept payments by cash, check or credit card. Please contact me at least 24 hours ahead of time if you need to cancel an appointment. Your appointment time is reserved for you, and I cannot use it for other purposes

without sufficient notice. If you do not provide 24-hour prior notification, I will charge you your full session fee for the missed appointment. However, I also respect your time as a client. If I should mistakenly miss an appointment, or need to cancel within less than 24 hours for some emergent reason, your next session will be free to compensate for any inconvenience to you. Occasionally I need to raise my fees, and will provide at least one month's notice before doing so.

Phone Policies/Emergencies

I can be reached by leaving a voicemail or text at 303-817-8276, or by email at Shannon.huntsberry@gmail.com. Email and text are not HIPAA compliant, so if you wish to remain secure from any potential breach of confidentiality through technology, please use voice mail or regular postal service for communications. I will return calls within 24 hours. If you do not hear from me within that time frame, please call me again and inform me of the delay. I will return your call as quickly as possible. I do not provide emergency services or crisis intervention. **In the event of an emergency, please call 911 or call the Colorado 24-hour crisis line: 1-844-493-8255 or text TALK to 38255.**

I have read and I understand the information outlined in this Disclosure Form. I have had my questions answered to my satisfaction. I have received a copy of this form for my own records.

Client Printed Name(s)

Client Signature

Date

Second Client Signature or Parent/Guardian Signature
(If client is under age 18)

Date

Witnessed

Date