

**Kirsten L. Christensen, MA, NCC, LPC  
(A Professional Corporation)  
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Dear Client:

Please review the following therapist-client contract before our first appointment. I am providing these disclosures to you as required by law, but I hope it will also help you to be an educated consumer of my services, or those of any other mental health professional. State law also requires that no later than our second appointment, unless you object to any of the terms of this agreement, you sign page 5 to acknowledge your receipt of, and agreement to the terms set forth in this agreement.

My job as your counselor is to provide you with quality services. Even if you believe that the situations described here do not apply to you and me, please read them carefully before signing this document. Feel free to ask me questions regarding this agreement.

### **Client Rights**

At any time a client may question and/or refuse therapeutic or diagnostic procedures or gain whatever information you wish to know about the process of counseling. This includes, but is not limited to: my methods of therapy, the techniques I use, the duration of therapy (if it can be determined) and my fee structure.

Even though you and I work together in good faith, there is no guarantee that you will make all the changes we identify that you want or need to make. My job is to help you identify goals and develop plans to reach them. Your job is to decide which plans will be useful to you and carry out those plans, as you decide what is best for you. You always have the right to seek a second opinion and to cease working with me at any time.

My professional license does not permit me to render a medical diagnosis to you or administer or prescribe drugs for you.

You are entitled to receive a copy of your records. Because these are professional records, they can be misinterpreted by and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents.

If at any time you have questions about what I am saying or asking you to do, please do not hesitate to talk to me.

## **Confidentiality and Its Limitations**

In our working together as counselor and client, anything, which you share with me, will be considered confidential. The counseling session is meant to be a safe place, in which you are free to express yourself in any way that you desire. In most cases, I can only release information about our work to others when I have your written permission to do so.

There are certain limitations to the above statement that are legally mandated. These include:

1. If you tell me about plans to commit suicide or homicide, it is my duty to inform the appropriate authorities. In such cases the counselor has the duty to warn either (1) the family of the counselee who intends to harm him/herself, (2) the person who is likely to suffer the result of the harmful behavior and (3) that person's family. These situations have been rare, and I will make every effort to discuss it with you before taking any action.
2. I am required to notify the appropriate authorities of any incident of suspected abuse of a child, elder or disabled person.
3. The laws and standards of my profession require that I keep treatment records. After each session I make brief notes pertaining to what happened in the session. These notes are kept in a locked file and are for my professional use only. Should you become involved in a court case these notes may be subpoenaed at which time I may be required to release them to the courts.
4. Your records are subject to review of others if you file a complaint with, or I am the subject of any review by, the state licensing authority. However, in those situations, your records will not become available to the general public and your identity will not be disclosed to anyone not involved in such review or investigation.
5. If you choose to have your insurance company pay for my services, I will be required to make a psychological diagnosis for the insurance claim. Before doing so, I will discuss the diagnosis with you. Keep in mind this diagnosis will be part of your permanent medical record and your records may be subject to the review of your insurance company.
6. As part of my desire to serve you in the best possible way, when appropriate I consult with other professionals to coordinate the treatment you receive. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object I will not tell you about these consultations unless I feel that is important to our work together.
7. Should you desire my giving/receiving information to/from someone else, I will request from you a signed form of consent for the release of that information.

## **The Counseling Relationship**

Ours is a professional relationship between counselor and client. It is different than that of a relationship with family or friends. My role is to assist you to the best of my ability on working through your problems and creating necessary personal change. This

relationship does not carry on outside of the counseling session. It is inappropriate for us to have a business or social relationship.

Sexual intimacy between a mental health practitioner and a client is always unethical and illegal, not just during the course of a therapeutic relationship, but also for a period of two (2) years following the termination of the therapeutic relationship. If this were to occur between you and any mental health professional you have a therapeutic relationship with, it should be reported to:

Department of Regulatory Agencies  
 Division of Professions and Occupations  
 1560 Broadway, Suite 1350  
 Denver, CO 80202  
 (303) 894-7800  
[www.colorado.gov/dora](http://www.colorado.gov/dora)

Other complaints regarding mental health professionals would also be reported to this organization.

If necessary, you may reach me by calling my office number 303-997-0337. I am often not immediately available by telephone. If I am not in the office or am with another client, please leave a message. I will return your call as soon as possible. If you are unable to reach me and feel that you can't wait for me to return your call, contact your nearest emergency room.

If I am unable to provide sufficient care to meet your needs, I will offer names of other counselors who may serve you better.

### **My Professional Training and Approach to Counseling**

I earned my bachelor's degree in psychology at Colorado Christian University, and my master's degree in counselor education from the University of Colorado at Denver. I am licensed in Colorado as a professional counselor (#3317). In addition I am a Nationally Certified Counselor and have 15 years of mental health experience in various settings.

My therapeutic orientation is solution-focused counseling utilizing EMDR (Eye Movement Desensitization Reprocessing) although I incorporate modalities from other orientations when deemed appropriate for the individual or couple.

### **Use of Technology**

Many clients choose to use cell phones, e-mail and computers to augment their counseling with me. It is important for you to know that these methods come with additional risks. These risks include, but are not limited to the following:

- The possibility of technology failure resulting in messages/information not being received.
- The possibility of misunderstandings is increased with text-based modalities such as e-mail due to the absence of nonverbal/visual cues.

- Use of e-mail may result in various servers creating permanent records of these transactions, thereby compromising the confidentiality of the information contained in the record.
- As a general rule, you should not expect privacy of any content when transmitting or receiving e-mails on an employer's server or network. Many employers (including government agencies) review email archives on a routine basis, record letters typed on keyboard, and/or engage in data mining programs to identify transmissions containing specified content.
- My email is not checked daily and may result in a possible lag in turnaround/response. E-mail should never be used as a method of communication in the event of an emergency.
- Confidentiality may be breached at many points when using electronic communication including unauthorized monitoring/interception of transmissions from your computer and my own; it may also be breached as the information passes through the servers along the route to each other. This means that it is possible that third parties may access your records/communication.
- What is transmitted online may be viewed by others.
- Assessment/diagnosis often becomes more difficult without the benefit of face-to-face contact.
- Your insurance may not cover technology-assisted distance counseling.
- Your insurance company may also consider our electronic communication (in all forms) to be part of the medical record and request copies of it.
- Our e-mail communication is not encrypted. However, even encrypted e-mail messages can be decoded by motivated hackers.
- Portable devices (such as cell phones, tablets, laptop computers, etc.) may be lost, stolen, and misplaced and thus any electronic messages between us (e.g. texts or e-mails) that are stored or saved on such device may be intercepted or accessed by unintended persons.

By understanding the inherent risks of the aforementioned devices, you can make an informed choice about when/where/how to use these tools.

### **My Professional Fees & Payment**

The undersigned client agrees to be responsible for the payment of the full amount of the agreed upon fees. The following is my fee schedule and I ask that you pay each time that we meet.

1. My hourly fee is \$100 for a 50 minute session.
2. If you cannot keep an appointment, you will need to notify me **24 hours** before your scheduled session or you will be charged for the entire session.
3. If we need to consider other payment arrangements, we can discuss them during our initial session.
4. Payment of services is due at the time services are rendered unless payment arrangements have been approved of in advance. Cash, checks or credit cards will be accepted.

- 5. I reserve the right to terminate our therapeutic relationship for any reason, including in the event of non-payment for my services, but you still remain financially responsible for all services rendered through the date of termination. If I need to terminate my services for any reason, then, upon request, I will offer you names of other mental health professionals from whom you may seek treatment.

**Insurance**

I have made the choice not to contract with Managed Care Companies for my professional services so I do not directly bill, nor do I receive payments directly from an insurance company. However, because I am a Licensed Professional Counselor, many health insurance plans will help you pay for therapy. Please call your insurance company to check on your outpatient mental health benefits. Whether or not your insurance company ultimately reimburses you for the cost of some or all of your therapy appointments, you are financially responsible for payment of my services.

If your health insurance will pay part or all of my fee, you can utilize the invoice I give you at the end of our session to attach to the insurance claim form.

The undersigned Client acknowledges that s/he has received and read a copy of these disclosures. We both understand and agree to work together as counselor and client under the above written and verbally stated conditions.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Client Name

\_\_\_\_\_  
Kirsten L. Christensen, MA, NCC, LPC

\_\_\_\_\_  
Date