

Diane Semerak, MA, LPC 981 Cowen Dr, Unit B4

Counseling Information, Policies, and Informed Consent for Treatment

Welcome to my office. This document contains important information about the services I provide. Please read it carefully and ask any questions you may have before you sign it. Also feel free to discuss any issues that concern you at any time during your counseling with me.

My Credentials

I graduated from the University of Colorado at Denver with a Master's Degree in Counseling Psychology and Counselor Education in 2000. My Licensed Professional Counselor License is #3846. In addition, I have taken post-degree courses and workshops in the treatment of trauma, grief or loss, EMDR (Eye Movement Desensitization and Reprocessing) Therapy, Dissociation, and Energy Psychology.

Benefits and Risks

Counseling has both benefits and risks. Counseling may involve recalling unpleasant events and struggling with troubling issues. Consequently, sometimes people experience uncomfortable feelings like sadness, guilt, anxiety, anger/frustration, loneliness or helplessness. However, counseling also has been proven to have benefits for people who undertake it. Often people report significant reduction in feelings of distress, improved relationships and satisfactory resolution of specific problems. Still, there are no guarantees about the outcome of counseling.

Counseling Standards

Phone: 303-518-8949 Carbondale. CO 81623 As a Licensed Professional Counselor my practice is guided by the American Counseling Association Code of Ethics and Standards of Practice. These standards require that I keep appropriate records of your counseling sessions, maintaining a log of treatment progress and assist in providing continuity for the counseling process. Your file will contain the intake and initial assessment, treatment plan, and progress notes. I keep client files for a minimum of 10 years so that your records will be available should you want the information transferred to another professional.

Counseling is a voluntary process and you are free to seek a second opinion or to terminate counseling at any time. You have the right to ask about my training, counseling philosophy and methods at any time during the counseling process. The current standards of practice state that an accurate DSM 5 diagnosis is required to determine the medical necessity of treatment when applicable, in addition to the initial evaluation and treatment plan. You have the right to know your diagnosis and possible consequences of such diagnosis, if any. You also have the right to request that no diagnosis be assigned or recorded in your file.

Counseling is a professional activity regulated by the State of Colorado; sexual intimacy is illegal and always inappropriate in counseling. Should you have any concerns, they should be reported immediately to the Grievance Board with the Colorado State Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202. They can also be contacted by phone at 303-984-7500; by fax at 303-894-7764; or by email at dora_mentalhealthboard@state.co.us.

Confidentiality

Please note that what you say and the records I keep are strictly confidential. I cannot talk to anyone about what you discuss during counseling nor disclose whether or not you are a client without your written permission. No one may see your counseling records without your written approval. However, there are important exceptions to this rule of confidentiality when information you disclose may be shared with others:

- 1. State law requires that any suspicion or evidence of the abuse or neglect of a child, an elderly or incapacitated person, must be reported to the appropriate authorities to protect whoever may be in danger.
- 2. When a client is believed to be a serious danger to him- or herself, is gravely disabled, or perceived to be a danger to others, I am legally and ethically obligated to intervene by informing family members, emergency and medical workers, or law enforcement to provide for the safety of the client and others.

3. On occasion mental health records are subpoenaed by a court order, and a judge could require me to release information from your records. My ethical obligation in these situations is to protect your confidential records, and reveal the least amount of information possible, if at all. If you are involved in a legal situation and wish information to be shared with attorneys or others working on your behalf, you must sign a Release of Information Consent.

If it is appropriate for me to consult with your current or prior medical or mental health providers, I may ask you to sign a voluntary Release of Information Consent so that I can coordinate care and provide you with the best treatment possible. Similarly, if you request that I release information or discuss your counseling with another professional or family member, I must have a signed Release of Information Consent on file before I can do so, except in the case of the numbered exceptions listed above.

Counseling Philosophy

My counseling methods are person-centered and trauma-focused. I also consider the context of your situation--your family, school, work place or community. I will encourage you to explore your thoughts, feelings, and behaviors to seek the solutions most appropriate for you. While I believe you are the expert on your life and issues, I can provide therapeutic support and interventions to facilitate increased awareness, generate choices and support changes you wish to make. Depending on the issues you choose to address, I may also use techniques from traditional psychotherapy including cognitive-behavioral, depth and mindfulness psychotherapies; if appropriate I will provide details about these types of therapy and why they might be helpful for you. I may also suggest the use of EMDR therapy or alternative therapies as relevant for your goals. I always encourage you to ask questions about any part of the counseling process, including anything you find uncomfortable or want to understand better.

Methods of Contact

I can be reached by telephone at 303-518-8949; I also have a local number of 970-394-3563. If I am not immediately available, please leave a message with your name and phone number. My voice mail is available 24 hours a day. I check these VM messages daily and will return your calls the same day when possible. I will not return calls on Sundays or after 9 p.m. on other days, unless you indicate it is an emergency. However, if you are having a life-threatening emergency, please call 9-1-1 or have someone take you to the nearest hospital emergency room.

Fees and Payment Information

My hourly rate for therapy is \$100.00. The fees and lengths of time for individual sessions, group and EMDR therapy are listed below:

Type of Session	Length of Time	Fees
Individual Counseling	60 minutes	\$100.00
Brief or Telephone Therapy	For each 15 minutes	\$25.00
EMDR Therapy, if needed	1-1/2 hours	\$150.00
Group Counseling	1 to 1-1/2 hours	\$35.00

Payment of fees is expected at the time of your appointment. A fee of \$50.00 will be charged for missed appointments or cancellations with less that 24 hours' notice. I encourage you to call and discuss late cancellations with me prior to the scheduled appointment. If you require my time by phone on therapy issues, I charge when I spend 15 minutes or longer at the rate noted above. If a check is returned for insufficient funds, then cash payment will be due at the beginning of each appointment. I encourage you to discuss with me any questions regarding my rates, cancellation/no-show policy, or payment of fees so that difficulties can be avoided.

My signature below indicates that I have read this four-page document and received a

Client Signature

Date

Printed Client Name

Client Signature

Date

Printed Client Name

I have witnessed the signature of the client named above and given them a signed copy of this Mandatory Disclosure form.

Date

Diane Semerak, LPC