



Whitney Russell, MA, LPC
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720-509-9857

Welcome!

You've taken a courageous step to start counseling. Living a better life is possible even though starting counseling might make you feel anxious initially. This is why during our time together I hope to create a place where you feel safe, heard, and honored.

Why come to counseling?

Although it can simply be a **relief** to be listened to and have someone understand your experience, it can be **life-changing** to develop a new way of relating to the world, moving forward with new-found insight. Living with more hope, peace, self-confidence, direction, and with healthier relationships is frequently the long-term result for those committed to their own healing and growth.

Like you, I've often wanted to experience a life change as quickly as possible, but—as with most things of great value—I'm sure it comes as no surprise that true change through counseling is a gradual and thoughtful process that requires a regular commitment over time. Think of it as a valuable investment: the work and sacrifice you put into it consistently will have a greater future return than any quick-fix solution. It's a payoff that your heart and your future self will thank you for! Your feedback and questions are always welcome along the way.

I look forward to helping you reignite hope for changing and healing your life and relationships!

Kindly,

Whitney Russell



Client Disclosure

This document contains important information about me, my professional services, business policies, and acts the Mandatory Disclosure required by Colorado law. The law requires that you receive information about the methods of therapy, the techniques used, the duration of your therapy (if it can be determined) and fee structure. It is important that you read this information packet carefully all the way through as it is an official legal document and contract. Your signature acknowledges that I have provided you with this information. Please feel free to ask about anything that seems unclear.

COUNSELOR INFORMATION

Credentials: Whitney Russell, Master of Arts in Clinical Mental Health (MA), National Certified Counselor (NCC), and Licensed Professional Counselor (LPC.0012822) in the state of Colorado.

Office Location and Mailing Address: 6795 E. Tennessee Avenue, Suite #353, Denver, Colorado 80224.

Office Parking and Waiting Room Area: Please park in the shared parking lot in the front of the building. Once inside the building, go to the third floor, and feel free to have a seat in the private waiting room.

Confidential Phone & Voicemail: 720-509-9857

Email: whitney@coloradolifecounseling.com

APPROACH

My theoretical framework is a diversified approach that uses person-centered, narrative, existential, gestalt and psychodynamic concepts. I am trained in the trauma treatment of EMDR, and use this modality if it appears to be helpful for a particular situation during the course of therapy. Length of therapy varies for each person, depending upon each client's personal needs.

EDUCATION

I earned a Bachelor of Arts from the University of Oklahoma In Journalism and Mass Communication, and a Master of Arts in Clinical Mental Health Counseling from Denver Seminary in May 2013.

FEES AND SERVICES

Counseling Session Fees:

\$100 per 50-minute session.

\$50 per additional 30-minutes.

Counseling Policies

Scheduling Appointments: You may make an appointment by calling my confidential number at **720-509-9857**, or emailing me at **whitney@coloradolifecounseling.com**. In general, appointments are scheduled weekly or every two weeks, but can also be offered on an "as-needed" basis.

Online/Video Counseling: I offer online/video counseling as needed. Colorado law strongly suggests that counselors meet with clients at least once in person before conducting counseling online. I *prefer* to conduct most counseling sessions in person because I believe in-person counseling offers better results for you as the client. However, I do conduct online counseling as a solution for clients in particular situations. I ask that you not record video/audio of our sessions at any time unless with permission.

Canceling / Rescheduling: If you need to cancel or reschedule an appointment, please do so at least 24 hours in advance so I may offer that hour to another client. For appointments not cancelled 24 hours in advance, or for missed appointments, you will be asked to pay the full session fee. If you are more than 20 minutes late, this will count as a missed appointment. We will need to reschedule, and you will be charged the full session fee. In the event of an emergency, special consideration may be given.

Inclement Weather: If there are official school or public business closings due to bad weather in the city where you live OR in the city where my office is located, you are welcome to cancel with less than 24 hours notice without any charge (please notify me as soon as possible so you will not owe a missed appointment fee). If there are no official closings but you prefer to cancel the appointment with less than 24 hours notice so as to not drive in the bad weather, I ask that you pay the missed appointment fee. I may also be available for online/video sessions on these days so that we can still keep our appointment. We can discuss this option if it is helpful to you.

Payment: I ask that you pay for each session at the time it is held (or in advance) unless we agree otherwise. I accept cash, check, credit cards, and certain health savings or flex accounts. If paying by check, please have your check ready prior to our meeting so we can make the most of our time. You can make your check payable to "Whitney Russell." Returned checks for insufficient funds are subject to a \$25 fee. **If paying by credit card, I charge a \$3 processing fee for each credit card interaction.** Counseling fees are subject to change on an annual basis. If you encounter financial difficulties at any time during counseling, please discuss this with me promptly, and we can create a payment plan that will work for your needs.

Insurance: I do not take insurance for payment. I would be happy to provide you with a medical provider receipt for each session if you want to file for reimbursement with your provider. Insurance companies vary in whether they will pay for therapy with out-of-network therapists. It is often possible to use your flex spending or health savings account. I do offer scholarship funds for those with genuine and sincere financial need, however, a limited amount of these funds are available. Please speak with me in person for more information.

Contacting Me: I am not often immediately available by telephone because of the nature of my work and schedule. Please leave a message on my confidential voicemail and I will make every effort to return your call within 24 hours of when you leave your message. If it is a Friday when you leave your message, I will return your call by the next business day, which is Monday.

Confidential Information & Interacting: Phone calls, voicemail, text messages, and email are not necessarily guaranteed to be secure. If you need to contact me between sessions, please be aware that while phone calls, voicemail, text messages, and email may be good ways to conduct administrative communication (such as appointment scheduling), please do not provide confidential information on any mode of communication aside from in the one-on-one therapeutic office environment to ensure your confidentiality and privacy. This being said, your signature on this form will act as your consent for me to contact you via the methods you use to contact me (phone, text, email), or the methods agreed upon on the Client Intake Form.

Emergencies: I have limited my practice to clients who are not in need of 24-hour care. If you feel you have need for 24-hour care, please let me know so I can provide you with a referral to a professional colleague. In the case of an emergency, please call 911 or go to an emergency room.

Social Media: I have a public accounts for my business on various social media sites. I list links to these profiles on my website. You are welcome to follow and utilize these social media accounts and read or share posts. It is my policy to not accept friend or contact requests from current or former clients on my *personal* social media accounts. Adding clients as friends or contacts on my personal accounts can compromise your confidentiality as well as each of our respective privacy. It may also blur the boundaries of our therapeutic relationship.

Mental Health Practices in Colorado

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Department of Regulatory Agencies (DORA). This agency can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800, www.dora.state.co.us/mental-health. The regulatory requirements applicable to mental health professionals are:

- A Registered psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.
- A Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- A Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.
- A Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.
- A Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements.
- A Licensed Social Worker must hold a master's degree in social work.
- A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.
- A Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-masters supervision.
- A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.

Patient Rights:

- To decide to not receive therapy from me. I would be happy to provide you with the names and phone numbers of other mental health professionals if this would be helpful.
- To end therapy at any time without any moral or legal obligations, or incurring further financial obligations.
- To ask questions about the procedures used during therapy, the approximate duration of therapy (if it can be determined) and the fee structure and policies I use.
- To prevent the use of certain therapeutic techniques. I will inform you if I intend to use any unusual procedures and will describe any risks involved.
- To prevent electronic recording of any part of the therapy session. Permission to record must be given to you in writing, and the purpose for the recording should be explained and for what time period the recording will take place. You have the right to withdraw your permission to record at any time.

- To avoid dual relationships with your therapist. The relationship with your therapist should remain strictly professional. In a professional relationship sexual intimacy is NEVER appropriate and should be reported to the Department of Regulatory Agencies.
- Expanded rights to your clinical record, which we can discuss in further detail if you like.

Clinical Record: In accordance with HIPAA, I keep protected health information about you in your clinical record. It includes information about your reasons for seeking therapy, a description of the way in which your problem impacts your life, goals we set for treatment, your progress towards those goals, your medical and social history, treatment history, and so on and so forth.

Limits on Confidentiality: The law protects the privacy of all communication between a client and a therapist. I can release information about your sessions to others only if you sign a written authorization form. However, there are some situations where I am permitted or required to disclose information without your consent or authorization as listed below:

- **Serious Threat to Personal Safety:** If a client threatens to harm himself/herself, I may be obligated to seek hospitalization for him or her, or to contact family members or others who can help provide protection.
- **Serious Threat to Other's Safety:** If a client communicates a serious threat of physical violence against a specific person or persons, I must make an effort to notify such persons; and/or notify an appropriate law enforcement agency; and/or take other appropriate action including seeking hospitalization of the client.
- **Child Abuse:** If I have reasonable cause to believe that a child has been subjected to abuse or neglect, the law requires that I file a report with the appropriate governmental agency.
- **Adult and Domestic Abuse:** If I have reasonable cause to believe that an at-risk adult has been or is at imminent risk of being mistreated, self-neglected, or financially exploited, the law requires that I file a report with the appropriate governmental agency.
- **Judicial Proceedings:** If a client is involved in a court proceeding and a request is made for information about my professional service, such information is protected by the therapist-client privilege law. I cannot provide information without your written authorization, except by court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- **Court Cases:** if a client files a lawsuit against me, I may provide relevant information regarding that client to an authorized professional review committee.
- **Worker's Compensation:** I may disclose relevant information to an official investigative office when asked to do so.

If any of these situations arise, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary. It is important that we discuss any questions or concerns that you may have now or in the future.

Statement of Disclosure Client Agreement

Please sign the following:

Cancellation Policy: I understand that if I do not cancel within 24-hours in advance of my session, I will be asked to pay the full session fee: _____

Ending Therapy Policy: I understand that I can choose to end counseling at any time, but will be charged if I have a standing appointment and have not officially canceled the session through a phone call, email or in person:

Statement of Disclosure Agreement: I have read the Statement of Disclosure in its entirety and know I may ask for clarification if needed at any time. _____

Therapist-Client Services Agreement Signature

I have read all five (5) pages of the Statement of Disclosure and I fully agree to its terms. I understand that I may revoke my signature and this agreement in writing at any time.

Client Signature

Date

Therapist Signature

Date



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Client Intake Form

General Information

Name: _____ Name you prefer: _____

Today's date: _____ Age: _____ Date of birth: _____

Parents / Guardian's names (if a minor): _____

Street address: _____ City: _____

State: _____ Zip: _____ May I send mail here? Yes No

Cell phone: _____ May I leave a voice message here? Yes No

May I send a text message here? Yes No

Email: _____ May I send email here? Yes No

What is the best way to contact you? Cell phone Other phone Text Email

Emergency Contact (Please list the nearest relative or close friend you want me to contact if there is an emergency)

Name: _____ Relationship: _____

Cell phone: _____ Other phone: _____

Occupation and Education

Employer: _____ Occupation: _____

Length of current employment: _____ Average work hours per week: _____

Does your current work satisfy you? Why or why not? _____

Last school year completed: _____

Are you currently in school? Yes No Part-time Full-time

Degrees completed / Pursuing: _____

Relationship Information Single Dating Engaged Married Separated Divorced Widowed

Are you content with your current status? Why or why not? _____

With whom do you currently live? Alone Spouse Children Parent(s) Sibling(s)

Boyfriend Girlfriend Roommate Other: _____

If married, separated, divorced, or widowed, how long? _____

Number of previous marriages for you: _____ Number of previous marriages for your partner: _____

Partner/Spouse's name: _____ Age: _____

Partner/Spouse's occupation: _____ Average work hours per week: _____

What words would you use to describe your partner: _____

How would you describe your relationship with your partner currently? _____

How would you describe the affection/warmth level between you? _____

Is your partner supportive of you seeking counseling? Yes No Unsure Partner doesn't know

Children (Please list your children, living or deceased)

Name and Gender (M/F)	Age	Relationship to you (natural, step, etc.)	Currently living living with you?	What words would you use to describe him or her?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Family of Origin (Please list your parents and siblings)

Name and Gender (M/F):	Age	Relationship to you (parent, sib, step)	Strength of your relationship (1-10)	What words would you use to describe him or her?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Religious Background

What are you current spiritual beliefs? _____

Briefly describe the religious environment of your home as you were growing up: _____

Do you regularly attend a place of worship? Yes No If yes, where? _____

Medical and Health Information

How would you describe your diet or nutritional habits? _____

Are you sleeping normally? Yes No If no, please describe: _____

Do you exercise on a regular basis? Yes No If yes, how often? _____

When was the last time you felt well, both physically and emotionally, for a decent amount of time? _____

Have you ever taken any medications on a regular basis? Please list all current medications and their purposes: _____

Do you have any diagnoses/physical conditions that would be important for me to know about? _____

Are you currently under medical care? Yes No

If yes, please explain: _____

Please circle any of the following that apply to you:

- | | | | | |
|---------------|---------------------|-----------------------|----------------------------|--------------------|
| Fatigue | Recent weight gain | Eating disorder | Financial concerns | Alcoholism |
| Headaches | Recent weight loss | Stomach trouble | Unable to have a good time | Feeling inferior |
| Dizziness | Sleep disturbance | Irritable/Angry | Feeling anxious/Nervous | Health problems |
| Self-harm | Nightmares | Feeling depressed | Sexual problems/Concerns | Drug use |
| No appetite | Racing thoughts | Suicidal thoughts | Can't make decisions | Separation/Divorce |
| Unhappiness | Self-control issues | Trouble concentrating | Unable to relax | Work/Stress |
| Fears/Phobias | Disturbing thoughts | Can't make friends | Relationship problems | Bad home life |

Level of Distress (Indicate how distressed you are by placing an "X" on the scale below (1= Very little distress, 10 = Extreme distress))

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Are you currently experiencing any suicidal thoughts? Yes No

Have you experienced suicidal thoughts in the past? Yes No

Have any of your family or friends committed suicide? Yes No

Have you ever attempted suicide? Yes No If Yes, When and How? _____

Current Issues for Counseling

Please describe why you have decided to seek counseling now: _____

What words would you use to describe yourself? _____

What are your specific hopes and goals for counseling? _____

How would you describe the life you most want to live? _____

How long do you believe counseling should last? _____

Billing Information: Who will be responsible for payment? _____

Referral: May I ask how you heard about me? _____ May I contact them to thank them? _____

I acknowledge that I have completed this form truthfully to the best of my ability:

Name

Date