Welcome!

I’m excited for you as you take the courageous step to start counseling. During our time together I hope to create a place where you feel safe, heard, and honored. Your words and stories, your frustration, anger, fear, sadness, anxiety, ambivalence and dissatisfaction are all welcome. Please know healing and transformation is possible. Living a better life is possible.

Why come to counseling? It can simply be a relief to be listened-to, heard and have someone understand your experience. Even more than this, it can feel energizing and freeing to have new words and understanding put to how you have experienced life. Still ultimately, it can be life changing to create a new way of how you relate to the world as you move forward with new-found insight and healing.

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

With kindness,

*Whitney Russell*
Statement of Disclosure

This document contains important information about me, my professional services, business policies, and acts as the "Mandatory Disclosure" required by Colorado Law (CRS 12-43-214). The law requires that you receive information about the methods of therapy, the techniques used, the duration of your therapy (if known), and the fee structure. I will obtain your signature acknowledging that I have provided you with this information. Please take the time to read this document carefully and ask about anything that seems unclear.

COUNSELOR INFORMATION
Whitney Russell, MA, NCC, LPC Candidate
Confidential Phone & Voicemail: 720-441-3603
Email: whitney@coloradolifecounseling.com
Mailing Address: PO Box 9671, Denver, CO 80209.

COUNSELING 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 an Bachelor of Arts from the University of Oklahoma and a Master of Arts (MA) in Clinical Mental Health Counseling from Denver Seminary in May 2013. I currently work in private practice as a Limited Liability Company (LLC) in the state of Colorado. I am directly supervised by Sam Jolman, LPC, 614 N. Nevada Ave, Colorado Springs, CO 80903, and I regularly consult with a group of professional counselors through the Allender Center at the Seattle School of Theology and Psychology for my own continued professional development. These consultations are conducted in such a way that your confidentiality as a client is maintained.

Certifications:
• Licensed Professional Counselor Candidate (LPCC) in Colorado, license number: 13489.
• National Certified Counselor (NCC), National Board for Certified Counselors.

Specialized Trainings:
Advanced Counseling
• The Allender Center Advanced Counseling Certificate, Seattle School of Theology
Trauma / Severe Mental and Emotional Distress
• EMDR Trained, EMDR International Association
• Individual Crisis Intervention, International Critical Incident Stress Foundation
• Group Crisis Intervention, International Critical Incident Stress Foundation
Relationship Counseling
• Emotionally Focused Couples Therapy Externship, Colorado Center for EFT
• Prepare and Enrich: Premarital Counseling and Marriage Enrichment, Life Innovations

Professional Affiliations:
• American Counseling Association (ACA)
• Colorado Counseling Association (CCA)
• National Board for Certified Counselors (NBCC)
COUNSELING FEES AND SERVICES
Counseling Session Fees:
$95 per 50-minute session.
$45 per additional 30-minutes.

Office Information:
Denver Office Location, Parking, and Waiting Area: My Denver office is located in the Denver Tech Center in the Greenwood Terrace Building located at 5650 Greenwood Plaza Blvd., Greenwood Village, Colorado, 80111, Suite 22G. Please park on the north side of the building and enter in through the entrance marked “Lobby.” Head up the stairs and take a right. You will pass a small kitchen and walk through a hallway to the very end where there is a conference room. Please feel free to have a seat and I will come find you for your appointment time.

Colorado Springs Office Location, Parking, and Waiting Area: My Colorado Springs office is located near downtown Colorado Springs at 614 N. Nevada Ave., Colorado Springs, Colorado, 80903, Suite 202. Please park along the street outside the building. You may have a seat in the downstairs waiting area, or head up the stairs and have a seat outside of my office and I will come find you for your appointment time.

Scheduling Appointments: You may make an appointment by calling my confidential number at 720-441-3603, 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. For couples or family counseling, all clients need to be present at an appointment.

Canceling / Rescheduling: If you need to cancel or reschedule an appointment, please do this 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. If I need to miss a scheduled appointment without 24-hour prior notice, unless due to an emergency, you will be provided with one free session.

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, debit cards, Visa, MasterCard, Discover, American Express, PayPal, health savings or flex accounts. When processing credit cards I use Square to accept payments. 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.” Fees are subject to change on an annual or bi-annual basis. Returned checks for insufficient funds are subject to a $25 fee. 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. Insurance companies vary in their willingness to pay for therapy sessions for out-of-network therapists. I would be happy to provide you with a medical provider receipt for each session if you wish to file for reimbursement with your provider. It may also be possible to use your flex spending or health savings account. I do offer limited scholarship funds for those with genuine and sincere financial need, however, a very limited amount of these funds are available. For those who do not qualify for a scholarship but need to reduce the cost of counseling, I offer various counseling packages. Please speak with me in-person for more information.
COUNSELING FEES AND SERVICES (Continued)

Video Recording of Sessions
To further my expertise and offer you exceptional counseling, I participate regularly in a small, highly trained consultation group of non-local counseling professionals through the Allender Center at the Seattle School of Theology and Psychology. You have the option to “opt-in” to have our sessions video recorded so you may receive the added benefit of having more eyes and ears on your case. I have included an application and waiver with more information if you are interested in this opportunity.

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-conferencing sessions on these days so that we can still keep our appointment. We can discuss this option if it is helpful to you.

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 to 48 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. While you may contact me via email or text, email and text are not considered confidential forms of communication and I encourage you to use them only for setting appointment times, and not for discussing confidential information.

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. You may absolutely feel free to contact me and I will return your call as soon as possible (I do begin to charge a pro-rated amount for phone calls that exceed 10 minutes).

Online/Video Counseling: I offer online/video-conference counseling on a case-by-case basis. Colorado law strongly suggests that we meet 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. Therefore I conduct online counseling only as a solution for particular situations. I ask that you not record video/audio of our sessions at any time.

Referrals: The work I do is highly based on word-of-mouth referrals - referrals are the highest form of flattery. I am always thankful and appreciative of all referrals from my clients. Please let me know if you would like to have business cards for anyone that you believe could benefit from my services. Thank you!

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 and their website is http://www.dora.state.co.us/mental-health.
MENTAL HEALTH PRACTICES IN COLORADO (Continued)

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.

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

- 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.
- 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.
- If a client files a lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.

There are some situations in which I am legally obligated to take actions to attempt to protect others from harm and I may have to reveal some information about a client’s treatment.

- 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.
- 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.
- 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.

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. In situations where specific advice is required, you may need to get formal legal advice.
MENTAL HEALTH PRACTICES IN COLORADO (Continued)

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 ways 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. In addition, I may keep a set of confidential psychotherapy notes designed to assist me in providing you with the best treatment.

SOCIAL MEDIA AND INTERACTION POLICY

These policies address how I conduct myself on the internet as a mental health professional and how I will respond to various interactions that may occur between us on social media platforms.

Social Media Friendining: 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.

Social Media Following: I may choose to maintain public business pages, profiles, and accounts for my business on various social media sites. I list links to these profiles on my website. I do this for the purpose of sharing resources, articles, videos, or mental-health related news. You are welcome to follow and utilize these social media accounts and read or share posts. Since various types of contacts in the community may follow these accounts, it is possible for you to follow without exposing your identity or affiliation, thereby protecting your privacy.

Interacting: Social media interactions, text messaging, and voice messages are not necessarily guaranteed to be secure. Please do not use social media interactions for the purpose of communicating with me. Communicating in this way could compromise your confidentiality. If you need to contact me between sessions, the best way to do so is by phone call/voicemail at 720-441-3603, or email to whitney@coloradolifecounseling.com. If you choose to communicate with me by email, please be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, accessible by the system administrator(s) of the Internet service provider. Any emails I receive from you and any responses that I send to you become a part of your legal record. While voicemail, text, 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.
Statement of Disclosure Client Agreement

Please initial the following:

I understand that if I do not cancel within 24-hours in advance, I will be asked to pay the full session fee.

I understand that if I choose to use email or text, I am asked to keep the communication to setting appointment times or exchanging non-confidential information in order to maintain my confidentiality.

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 __________
**Videotape/Audiotape Authorization Consent Form**

To further my expertise and offer excellent counseling, I participate regularly in a small, highly trained consultation group of counseling professionals through the Allender Center at the Seattle School of Theology and Psychology. You have the option to “opt-in” to have our sessions video recorded so you may receive the added benefit of having more eyes and ears on your case.

The therapists participating in this group are compassionate, skilled, and maintain the utmost dignity and respect for their clients. Our aim is to offer you the best therapy possible.

**Confidentiality**
Client confidentiality is maintained to the highest degree possible. I will not disclose unnecessary identifying information about my clients.

Sessions are recorded on a digital camera that is kept put away and locked to the same high-degree of privacy that is legally required by Colorado for all client records and confidential information.

After a session has been viewed, all electronic files are deleted immediately so safeguard the confidentiality of your sessions.

**Consent**
I confirm that I give my consent to Whitney Russell, MA, NCC, LPCC to video and audio record any or all of my counseling sessions for the purpose of consultation and training. I understand these recordings may be reviewed by a small group of counseling professionals whose goal is to offer their expertise to produce the best outcomes for myself as a client. I understand I may revoke this permission at any time - whether for particular sessions or entirely.

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Client Signature _______________________________ Date __________

Therapist Signature _______________________________ Date __________

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**To Opt Out of the Videotape/Audiotape Consent:**
I decline the offer of having my sessions recorded at this time.

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Client Signature _______________________________ Date __________

Therapist Signature _______________________________ Date __________
Client Intake Form

General Information
Name: ___________________________ Name you prefer: ___________________________

Today’s date: _____________________ Age: ___________________ Date of birth: _____________________

Parent / Guardian’s name (if a minor): _______________________________________________________

Street address: ______________________ City: __________________________

State: ___________________________ Zip: __________________________

Cell phone: __________________________ Cell phone: __________________________ Other phone: __________________________

Email: ___________________________

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: High school: 9 ☐ 10 ☐ 11 ☐ 12 ☐ GED ☐ College: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Graduate school: 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other: __________________________

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

Degrees completed / Pursuing: __________________________

Professional ambitions and goals: __________________________

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: ____________________________ 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)

<table>
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<tr>
<th>Name and Gender (M/F)</th>
<th>Current age (or (year of death)</th>
<th>Relationship to you (natural, step, adopted)</th>
<th>Currently living with you?</th>
<th>What words would you use to describe him or her?</th>
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Have you ever placed a child for adoption? Yes ☐ No ☐

Have you ever had a miscarriage or medical abortion? Yes ☐ No ☐

Other People Living in Your Household

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<th>Name:</th>
<th>Age:</th>
<th>Relationship:</th>
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Family of Origin  (Please list your parents and siblings)

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<th>Name and Gender (M/F):</th>
<th>Current age (or (year of death)</th>
<th>Relationship to you (mom, dad, sib, step)</th>
<th>Strength of your relationship (1-10)</th>
<th>What words would you use to describe him or her?</th>
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Version 20148
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
Do you exercise on a regular basis? Yes ☐ No ☐ If yes, what activities and how often? ________________________________

How would you describe your diet or nutritional habits? ________________________________

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

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

Previous Counseling
List any previous counseling, psychiatric treatment, or residential/in-patient care you have received:
 Therapist: __________________________ Location: __________________________ Dates: ________________
 Reason for seeing and outcome: __________________________
 Therapist: __________________________ Location: __________________________ Dates: ________________
 Reason for seeing and outcome: __________________________

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? __________________________

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

Name __________________________ Date __________________________