

Mary Mac Psychotherapy, LLC

812 Grand Avenue Suite #210 Glenwood Springs, CO 81601
970-379-1588 marymactherapy@gmail.com

INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT

I am very pleased that you have selected me to be your therapist, and I am sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding your treatment. Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of therapy at any time.

Background Information

The following information regarding my educational background and experience as a therapist is an ethical requirement of my profession. If you have any questions, please feel free to ask. I completed my master's degree in Counseling Psychology at Pacifica Graduate Institute in Santa Barbara, California, August of 2018. I have been working with clients in behavioral health institutions the entire course of my graduate degree education. I worked in Community Mental Health as a therapist in Alamosa, CO. I practiced as a therapist at Mesa State University in Grand Junction, CO., where I was a member of the behavioral health team serving the student population. I most recently worked in Glenwood Springs, CO as a therapist at both Mountain Family Health and Momenta Recovery Center. I was actively involved in individual, family, and group therapy treatment modalities in all of these institutions.

My education builds on over thirty-five years as a registered nurse (RN). I have worked in all areas of patient care as an RN in both acute care and clinic settings. I was a psychiatric nurse at Valley View Hospital's Youth Recovery Center (YRC), located in Glenwood Springs, CO., for over five years. The YRC provides psychiatric care for drug addicted teenagers that are dually diagnosed with other mental health disorders. The YRC is a designated 40-day, locked unit, treatment center. Additionally, I have five years of experience as a patient educator which lends to my emphasis on patient psychological education as a form of individual client empowerment. My Colorado RN license # is RN.0073350.

I am a Registered Psychotherapist in Colorado and listed in the states data base under CO # NL.0109069. Being registered in the state of CO identifies that I have passed the state's jurisprudence exam and am authorized to practice psychotherapy. I am a candidate to become a Licensed Professional Counselor (LPCC) and a Licensed Marriage and Family Therapist (LMFTC). I am presently accruing an additional 2000 hours of direct client therapy hours over the next two years. During this time period I am required by law to be supervised by a licensed therapist in Colorado. My direct supervisor is Candice Rodriguez, she is a Licensed Professional Counselor (LPC) in Colorado, her CO license # is 0013713. Candice has been an LPC for over ten years and we meet on a weekly basis to discuss my client treatment plans.

My foundation in counseling is based in psychodynamic theory. This type of approach calls attention to the importance of what lies below the surface of an individual's conscious awareness. This depth psychological approach has its foundation in Analytical Psychotherapy. In addition to looking into the client's childhood experiences, at times this theoretical framework strives to use a symbolic approach when doing therapy. By using an image or symbol that has meaning to a client, a dialectical relationship between the conscious and the unconscious of the client can occur. The therapist encourages and guides communication between these two levels of consciousness. "Symbolic language" such as found in analyzing a client's dreams, imaginations, or sand tray creations may be used in a therapy session. An increased self-awareness and thus symptomatic relief, is brought about by the translation and interpretation of these forms of "symbolic language."

Please initial that you have read this page _____

Theoretical Views & Client Participation

It is my belief that as people become more aware and accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. As a client, you are in complete control, and you may end your relationship with me at any point.

In order for therapy to be most successful, it is important for you to take an active role. This means working on the things you and I talk about both during and between sessions. This also means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy sessions. Generally, the more of yourself you are willing to invest, the greater the return.

Furthermore, it is my policy to only see clients who I believe have the capacity to resolve their own problems with my assistance. It is my intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without me. I also don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, I will direct you to other resources that will be of assistance to you. Your personal development is my number one priority. It is also important to recognize that often therapy can initially make things feel worse in a client's life as they start to become aware of their habits or childhood experiences. Being in therapy facilitates clients to consider their life patterns and the need to change them. Sometimes adverse childhood experiences come to light that may not have been considered or even identified as real until a client enters therapy. Due to such issues therapy can initially feel like it is making one feel worse before feeling better. Please be patient with yourself in the process of therapy. It takes many years to create life patterns and can take some time to work through how the patterns have impacted present day living. The client also has the right to get a second opinion on the therapeutic approach being used in session and to discuss with the therapist at any time how they feel it is impacting their life.

I encourage you to let me know if you feel that terminating therapy or transferring to another therapist is necessary at any time. My goal is to facilitate healing and growth, and I am very committed to helping you in whatever way seems to produce maximum benefit. I truly hope we can talk about any of these decisions. If at any point you are unable to keep your appointments, or I don't hear from you for one month, I will need to close your chart. However, as long as I still have space in my schedule, reopening your chart and resuming treatment is always an option.

Confidentiality & Records

Your communications with me will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). **Your PHI will be kept in a file stored in a locked cabinet in my locked office.** ~~<or>~~ **Your PHI will be kept on my password protected computer in an encrypted file format.** Additionally, I will always keep everything you say to me completely confidential, with the following exceptions: (1) you direct me to tell someone else and you sign a "Release of Information" form; (2) I determine that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) I am ordered by a judge to disclose information. In the latter case, my license does provide me with the ability to uphold what is legally termed "privileged communication." Privileged communication is your right as a client to have a confidential relationship with a therapist. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but I will do everything in my power to keep what you say confidential.

Please note that in couple's counseling or family therapy, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner/family member unless otherwise agreed upon in therapy notes.

Structure and Cost of Sessions

Please initial that you have read this page _____

I agree to provide psychotherapy for the fee paid by MINES EAP of \$65.00 for a 45-50 minute session, for five free sessions to the client per year. Sessions may be renewed/continued by MINES approval process if the client and the therapist agree to continue under the EAP. My normal fee is \$120.00 per session, unless otherwise negotiated by you or your insurance carrier. Doing psychotherapy by telephone is not ideal and needing to talk to me between sessions may indicate that you need extra support. If this is the case, you and I will need to explore adding sessions or developing other resources you have available to help you. The fee for each session will be due at the conclusion of the session. Cash, personal checks, [Visa](#), [MasterCard](#), [Discover](#), [American Express](#), or [Health Saving Accounts](#) are acceptable for payment, and I will provide you with a requested receipt of payment. The receipt of payment may also be used as a statement for insurance if applicable to you. Please note that there is a \$30 fee for any returned checks.

Insurance companies have many rules and requirements specific to certain plans. Unless otherwise negotiated, it is your responsibility to find out your insurance company's policies and to file for insurance reimbursement. I will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area.

Cancellation Policy

In the event that you are unable to keep an appointment, you must notify me at least 24 hours in advance. If such advance notice is not received, you will be financially responsible for the session you missed. Please note that insurance companies do not reimburse for missed sessions.

In Case of an Emergency

My practice is considered to be an outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. I do not carry a beeper nor am I available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. Generally, I will return phone calls within 24-48 hours. If you have a mental health emergency, I encourage you not to wait for a call back, but to do one or more of the following:

- Call Suicide Hotlines in the United States:
- 1-800-SUICIDE, 1-800-273-TALK, and 1-800-799-4889 (for deaf or hard of hearing)
- Call Local Mind Springs Mental Health: 1-888-207-4004
- Call 911.
- Go to the nearest emergency room of your choice.

Professional Relationship

Psychotherapy is a professional service I will provide to you. Because of the nature of therapy, our relationship has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. If you and I were to interact in any other way, we would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession. Dual relationships can set up conflicts between the therapist's interests and the client's interests, and then the client's (your) interests might not be put first. In order to offer all of my clients the best care, my judgment needs to be unselfish and purely focused on your needs. This is why your relationship with me must remain professional in nature.

Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn

Please initial that you have read this page _____

how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change.

You should also know that therapists are required to keep the identity of their clients confidential. For your confidentiality, I will not address you in public unless you speak to me first. I must also decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, I will not be able to be a friend to you like your other friends. In sum, it is my ethical duty as a therapist to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long-term protection.

Statement Regarding Ethics, Client Welfare & Safety

I assure you that my services will be rendered in a professional manner consistent with the ethical standards of the ***Chose your affiliation:*** [American Psychological Association](#) and/or the [American Counseling Association](#) and/or the [National Association of Licensed Professional Counselors](#) and/or the [American Association for Marriage and Family Therapy](#). If at any time you feel that I am NOT performing in an ethical or professional manner, I ask that you please let me know immediately. If we are unable to resolve your concern, please contact the professional licensing board that governs my profession. What follows is the contact information you would need to investigate a therapist's unprofessional behavior:

The Mental Health Licensing Section of the Division of Registrations regulates the practice of licensed or registered persons in the field of psychotherapy. The Board of Registered Psychotherapist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800As to the regulatory requirements applicable to mental health professionals:

- 1) 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.
- 2) Psychologist Candidates such as, a Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-master's supervision.
- 3) In a professional relationship sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.
- 4) It may be inappropriate for therapists and clients to have a "dual relationship" as discussed above and specifically it is unethical for the therapist and client to have other business or personal relationships in addition to the therapeutic relationship/ If you or a member of your family has a person or business relationship with your therapist or her family, please discuss this immediately with your therapist.
- 5) You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy (if known), and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time.

Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation, we will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may not always be welcomed by others. It is my intention to help you manage changes in your interpersonal relationships as they arise, nonetheless, it is important for you to be aware of this possibility

Additionally, at times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once you and I are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

Please initial that you have read this page _____

Technology Statement

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to me that I maintain your confidentiality, respect your boundaries, and ascertain that your relationship with me remains therapeutic and professional. Therefore, I've developed the following policies:

Cell phones: It is important for you to know that cell phones may not be completely secure or confidential. However, I realize that most people have and utilize a cell phone. I may also use a cell phone to contact you. If this is a problem, please feel free to discuss this with me.

Text Messaging and Email: Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. I realize that many people prefer to text and/or email because it is a quick way to convey information. **However, please know that it is my policy to utilize these means of communication strictly for appointment confirmations (nothing that could be inferred as therapy).** Therefore, please do not bring up any therapeutic content via text or email to prevent compromising your confidentiality. If you do, please know that I will not respond. **You also need to know that I am required to keep a summary or copy of all emails and texts as part of your clinical record that address anything related to therapy.**

Facebook, LinkedIn, Instagram, Pinterest, Twitter, Etc: It is my policy not to accept requests from any current or former clients on social networking sites such as Facebook, LinkedIn, Instagram, Pinterest, etc. because it may compromise your confidentiality.

Google, Bing, etc.: It is my policy not to search for my clients on Google or any other search engine. I respect your privacy and make it a policy to allow you to share information about yourself with me as you feel appropriate. If there is content on the Internet that you would like to share with me for therapeutic reasons, please print this material and bring it to your session.

Blogs: I may post [psychology information](#) on my professional blog or on my website marymactherapy.com. If you have an interest in following my blog, you are welcome to. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to Mary Mac, LLC, or Marymactherapy.com.

Faxing Medical Records:

If you authorize me (in writing) via a "Release of Information" form to send your medical records or any form of protected health information to another entity for any reason, I may need to fax that information to the authorized entity. It is my responsibility to let you know that fax machines may not be a secure form of transmitting information. Additionally, information that has been faxed may also remain in the hard drive of my fax machine. However, my fax machine is kept behind two locks in my office. And, when my fax machine needs to be replaced, I will destroy the hard drive in a manner that makes future access to information on that device inaccessible.

Recommendations to Websites or Applications (Apps):

During the course of our treatment, I may recommend that you visit certain websites for pertinent information or self-help. I may also recommend certain apps that could be of assistance to you and enhance your treatment. Please be aware that websites and apps may have tracking devices that allow automated software or other entities to know that you've visited these sites or applications. They may even utilize your information to attempt to sell you other products. Additionally, anyone who has access to the device you used to visit these sites/apps, may be able to see that you have been to these sites by viewing the history on your device. Therefore, it is your responsibility to decide and communicate to me if you would like this information as adjunct to your treatment or if you prefer that I do not make these recommendations.

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Please feel free to ask questions and know that I am open to any feelings or thoughts you have about these and other modalities of communication.

Please initial that you have read this page _____

Our Agreement to Enter into a Therapeutic Relationship

I am sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please ask.

Please print, date, and sign your name below indicating that you have read and understand the contents of this “Information, Authorization and Consent to Treatment” form **as well as the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices**” provided to you separately. Your signature also indicates that you agree to the policies of your relationship with me, and you are authorizing me to begin treatment with you.

Client Name (Please Print)

Date

Client Signature

If Applicable:

Parent’s or Legal Guardian’s Name (Please Print)

Date

Parent’s or Legal Guardian’s Signature

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

Therapist’s Signature

Date

Please initial that you have read this page _____