

HYPNOSIS TO HEAL, L.L.C.

Professional Counseling for Adults, Adolescents and Couples

507C East Main Street, Frisco, CO 80443 · Mail: P.O. Box 139, Silverthorne, CO 80498 · (303) 807-2750

MANDATORY DISCLOSURE FORM

Rena Derezin, M.A., L.P.C., N.C.C. is a bilingual professional counselor licensed in the state of Colorado and is a nationally certified counselor. She is affiliated with the American Counseling Association and the American Society for Clinical Hypnosis. Rena completed her graduate studies in 2006 at the University of Colorado and received a Master's Degree in Counseling Psychology and Counselor Education. She received extensive postgraduate training in both somatic psychotherapy with Sensorimotor Psychotherapy Institute and in advanced-level clinical hypnosis with American Society of Clinical Hypnosis. Since 2003, Rena has worked in the mental health field with adults, couples, families, adolescents and children across community agency, school, healthcare and private practice settings. Earlier in her professional life, Rena worked as a school teacher and in corporate human resources.

You have the right to receive information about methods and techniques used in therapy. You have the right to receive a second opinion from another therapist and you may terminate your services at any time.

CRS 12-43-214 (1) (c) declares that practicing with a license and being licensed within the field of psychotherapy is regulated by the Department of Regulatory Agencies. Questions or complaints can be directed to: State Grievance Board, 1560 Broadway, Suite 1350, Denver, CO 80202. (303) 894-7800.

You should know that in a professional relationship (such as this one), sexual intimacy is never appropriate, If sexual intimacy occurs, it should be reported to the State Grievance Board.

CR 12-43-214 (1) (d) Privileged Communication – Information provided by a client within therapy is legally confidential, except as indicated in section 12-43-214 and except for legal situations that will be identified by your therapist, including those situations that arise during the therapy. Examples include when you sign a form authorizing permission to share information with a specific individual or agency, when child or elder abuse is suspected, when you are in imminent danger or when you are a danger to others.

As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters 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. A Licensed Social Worker must hold a masters 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 Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1,000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health, and 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 Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

- 1) I testify that I have read the preceding information and understand my rights as a client I am satisfied with the questions I have asked concerning this form before signing it.
- 2) I recognize that I have received the Notice of Privacy Practices of HIPPA (5 pages.)
- 3) Upon signing this mandatory disclosure form, I also affirm that I am the legal guardian and/or I have legal custody consent to treatment for the minor for whom I am requesting psychotherapeutic services from Hypnosis to Heal. (All minors age 15+ shall sign this disclosure form.)

Client Signature

Print Name Clearly

Date

Therapist Signature

Date

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FEE POLICIES

- **Payment Policy:** Payment is due by the end of each appointment. The client is responsible for providing information and completing paperwork for expense reimbursement from medical insurance or from third parties. Upon request, a professional services statement will be given to you at the end of each session, which will serve as proof of service and in place of completing the provider's session on a claim form.
- **Session Length:** A session may last between 1-3 clinical hours. The length of each session will be agreed upon prior to the session. A clinical hour consists of 60 minutes. For additional services (consultations with providers, reports, telephone calls lasting more than 15 minutes and any other service requested by the client) the same fee table for the clinical hour (60 minutes) will be used.
- **Cancelations/Reschedules:** The time for your session is reserved for your service. It is the policy of Hypnosis to Heal to require full payment for cancelations/reschedules received with less than 24 hours notice. Of course, emergencies and illnesses occur and are exempt from this policy. If you believe you may be contagious with a physical illness, it is requested that you reschedule your session and will not be charged. **As much advanced notice as possible given for schedule changes is greatly appreciated.**
- **Emergencies:** Clients are viewed as psychotherapy outpatients and responsible for their daily functions. With this philosophy in mind, Hypnosis to Heal attempts to operate in a responsible manner, encouraging autonomy and respecting the limits of psychotherapy. For this reason, your psychotherapist does not carry a pager and ordinarily will not be responsible to take crisis calls that occur outside of appointments. **In a true emergency, call 911 or go to the nearest emergency room.** Nevertheless, there will be exceptions at the discretion of your psychotherapist if an appropriate need arises. Voices messages will be retrieved regularly during business hours and calls will be returned at the convenience of your psychotherapist.
- **Text Messaging:** Please reserve text messages for scheduling purposes **during regular business hours.**
- **Fee:** I, the client, understand that I will be charged \$130 per clinical hour.

Signature of Responsible Party

Date

Print First Name

Print Last Name

Birth date

Telephone: _____ *Permission to Leave Message Here? Y N*

Text Message: _____ *Permission to Leave Message Here? Y N*

Physical Address *(for use only in emergency)*

Mailing Address

E-Mail Address