



Wellness Associates, LLC

1271 Ethereal Circle | Colorado Springs, CO 80904
719.323.8909 | Info@WellnessAssociatesLLC.org

Informed Consent and Disclosure

COUNSELING: Your therapist will work with you to establish treatment goals and may use a variety of counseling techniques and approaches depending on your needs and preferences. In order to be most successful, counseling requires an active effort on your part. Because counseling may include discussing unpleasant aspects of your life, you may experience some uncomfortable feelings. Therapy typically leads to a significant reduction in feelings of distress, better relationships, and resolutions of specific problems. While your therapist will work hard to help you achieve your therapeutic goals, it is impossible to guarantee any particular outcome from therapy. If you have questions, please let your therapist know so she can assist you. Your therapist can also help you secure an appropriate consultation with another mental health professional if needed. Our therapists do not prescribe medication, and all decisions regarding medicine should be handled by your physician or psychiatrist.

CONTACTING US & RECORDS: Occasionally you may want speak with your therapist outside your regularly scheduled appointment. If this need arises, you may call at any time. We will make every effort to return your call within 24 hours. If you cannot reach your therapist and you feel that you cannot wait for a return call, you should call the Colorado Crisis Line at (719) 635-7000. In the case of an emergency, please dial 911 or go to the emergency room of a hospital of your choice. Below is the contact information for all of the associates in our office. You are welcome to make an appointment with another associate if your therapist is out of town or unavailable for an extended amount of time. If your therapist were to become incapacitated or die, another therapist at Wellness Associates, LLC would contact you and would become the custodian of your medical records.

QUALIFICATIONS & CONSULTATION: Your therapist is licensed in the state of Colorado as either a Licensed Professional Counselor (LPC), Licensed Professional Counselor Candidate (LPCC), or Licensed Clinical Social Worker (LCSW). A peer consultation group is part of the continued learning at Wellness Associates, LLC. The team will occasionally meet to discuss treatment issues, which allows clients to benefit from the therapeutic wisdom of the entire group of therapists.

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CONFIDENTIALITY: A clinical file will be maintained with notes describing your treatment and progress. Active and inactive files are locked and kept on site. Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows: 1) Possible abuse or neglect of a child, elderly person, or a disabled person. 2) If you are in danger of harming yourself or another person. If you report that you intend to physically injure someone, the law requires your therapist to inform that person and the legal authorities. 3) If your therapist is ordered by the court to release information as required by law. 4) When your insurance company is involved, such as filing a claim, insurance audits, case review or

appeals. 5) Natural disaster, whereby protected records may become exposed. 6) Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

ELECTRONIC COMMUNICATION: Communication regarding confidential issues via email is prohibited by HIPAA Guidelines; however, communication via phone is permissible. Clients should be aware that although phone lines are a typical form of communication, our phone lines are not encrypted, so clients should use discretion accordingly. If a client would prefer to not use electronic forms of communication, we require notification in writing. We will seek assistance from qualified personnel for electronic devices if they require maintenance and will use care to protect your privacy. We expect life threatening emergencies to be communicated by calling 911, not through text or email.

CLIENT RIGHTS: The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed mental health professionals. The State Grievance Board is located at 1560 Broadway, Suite #1370, Denver, Colorado 80202 and their phone number is (303) 894-7766. The State Grievance Board requires that you be informed that sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, you should report it to the State Grievance Board at the above address. Generally, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed mental health professional. If the information is legally confidential the therapist cannot be forced to disclose the information with the client's consent. Information disclosed to a licensed mental health professional is privileged communication and cannot be disclosed in any court of competent jurisdiction in Colorado without the consent of the person to whom the testimony sought relates. There are exceptions to the general rule of legal confidentiality, which are listed in the Colorado statues (see section 12-43-218, C>R>S).

CLIENT TREATMENT RIGHTS: Treatment rights include, but are not limited to the following.

1. You will be treated with dignity and respect.
2. You will have a service plan established for your treatment with your participation.
3. You will be asked to set a measurable goal for your therapy.
4. You will have your service plan reviewed and your case reevaluated periodically.
5. You may receive a second opinion from another mental health professional.
6. You may withdraw from therapy at any time.
7. Your medical records will be kept confidential except when release is authorized by law.
8. You may see and receive copies of your records or have them shown to any person you designate in writing, according to Colorado law.
9. If you are denied access to records, we will provide a reason and information about appealing.
10. You may file a complaint about the services you are receiving or about the denial of services or treatment rights. No retaliation can be brought against you for complaining.
11. You will receive appropriate services that are available when medically necessary.
12. You will receive culturally appropriate and competent services.
13. You will receive prompt notification of termination or changes in services.

CONSENT FOR TREATMENT: I have read and understood this policy statement, and I have had my questions answered to my satisfaction. I accept, understand, and agree to abide by the contents and terms of this agreement. I am voluntarily entering into the treatment process and may withdraw from treatment at any time. I have read my client rights and understand/agree to the limits of confidentiality.

Client Signature: _____ Date: _____

If the client is under 18 year of age, parent/guardian signature is required:

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Associate Full Name (Printed): _____ Date: _____