



**Sacred Tree Counseling, LLC  
Amy Ladebue, MA, LPCC  
Licensed Professional Counselor Candidate  
Owner, Sacred Tree Counseling, LLC**

**Clinical Contract & Declaration of Practices and Procedures**

Welcome to Sacred Tree Counseling, LLC. Please read this document carefully as it contains important information about professional services and business policies. If you have any questions or would like additional information, please let me know. When you sign this document, it will represent an agreement between us regarding professional services.

I, Amy Ladebue, am the owner and counselor for Sacred Tree Counseling, LLC. I am completely independent in providing you with clinical services and I alone am fully responsible for those services. My professional records are maintained and stored to HIPPA compliance and no other provider may have access to them without your specific, written permission.

**Counseling Relationship & Therapy Services**

It can be difficult to describe therapy in general statements as therapy varies based on the personalities of the therapist and client and the issues you hope to address. Therapy is not like a medical doctor visit and instead calls for the client to be an active participant in their process, both in therapy sessions and between sessions.

Therapy can have benefits and risks. Therapy often involves discussing difficult topics and can bring up feelings of sadness, anger, guilt, or hopelessness. However, therapy often has benefits to the people who experience it and may lead to better relationships, solutions to specific problems, and reductions in negative feelings. There is no guarantee that therapy will yield positive results. Every effort will be made to provide you with a positive and healing experience, but every therapy experience is unique and varies among individuals. If you ever have questions or concerns about the therapy work we are doing, please feel free to discuss those with me. If we determine that you are not benefiting from therapy or need a different level of care, I will help you in finding appropriate referral resources.

Jungian/Depth psychotherapies align most congruently with my beliefs of humanity and my role as a counselor. These theoretical orientations provide me with an amount of freedom to select interventions and skills that seem most appropriate given the specific client, environment, and circumstance. When working with children and adolescents, I tend to utilize various cognitive/behavioral, systemic, and expressive techniques, including play, art, sand, drama, biblio-therapy, and role plays. I also incorporate some of these techniques with adults in addition to talk therapy based on client's comfort level. I also incorporate family counseling and parent education when applicable.

I provide services for clients in a variety of settings who are willing to enter into a collaborative relationship in which we work toward accomplishing shared goals related to clients' needs. I focus on assisting clients through individual and family work as they develop an understanding of personal problems and define specific goals. From my perspective, one of the major goals of counseling is to help clients broaden their perspectives, see things through different lenses, construct new realities, reframe their situations and perceptions, and plan actions reflecting their interests, abilities/ aptitudes, and needs. Clients' needs may be related to personal, social, educational, and occupational reasons.



I believe that counselors encourage clients' self-exploration, self-awareness, and general expression of emotions, thoughts, and behaviors. Essentially, a counseling relationship between a counselor and client is a professional relationship in which the Professional Counselor assists the client in exploring and resolving difficult life issues.

I believe that as clients experience new perspectives and learn to reframe their problems, they tend to gain self-awareness and recognize their strengths. As clients' self-awareness, acceptance, and congruence grow, they are more capable of finding happiness, peace, and contentment in their lives. Counselors and clients work collaboratively in devising, integrating, implementing, assessing, and revising plans that offer reasonable promise of success and are consistent with clients' abilities and circumstances. Self-awareness, self-acceptance, and other more specific counseling goals sometimes take a long time to achieve. While some clients may need only a few counseling sessions to feel congruent and complete, others may require months or even years of counseling. Clients are in complete control and may end the counseling relationship at any point and I will be supportive of that decision. If counseling is successful, clients should feel that they are able to face life's challenges in the present and future.

I possess expertise in child, adolescent, and adult counseling, play therapy, child abuse & trauma, life transitions, and grief & loss. In general, I believe that families (children, guardians, extended relatives and friends) are usually an important aspect in the lives of most clients. Therefore, I will remain aware of this and enlist family understanding and involvement as a positive resource, when appropriate with clients who seek my counsel on an individual or family basis.

### **Mandatory Disclosure & Practice Information**

#### *Practice Information*

Sacred Tree Counseling, LLC  
Amy Ladebue, MA, LPCC  
10200 W 44th Ave, Suite 136  
Wheatridge, CO 80033  
Phone: 303-887-6210  
Email: [amy@sacredtreecounselingllc.com](mailto:amy@sacredtreecounselingllc.com)

#### *Education & Qualifications*

Masters of Arts in Clinical Mental Health Counseling, Regis University, 2018  
Certificate of Child and Adolescent Therapy, Regis University, 2018  
Certificate of Depth Psychology, Regis University, in progress  
Certificate of Mindfulness Based Stress Reduction, 2017  
Certificate of Motivational Interviewing, 2017  
Bachelor of Arts in Psychology, Seattle University, 2014

#### *Licenses*

Licensed Professional Counselor Candidate (LPCC.0016266) State of Colorado Department of Regulatory Agencies (DORA) Division of Registrations, 1560 Broadway, Suite 1350, Denver, CO 80202, (303) 894-7800, <https://www.colorado.gov/dora>  
Issued: August 15, 2018  
Effective until: August 15, 2022



### **Supervision Statement**

I am a candidate for licensure and am required to work under the supervision of a licensed mental health professional. My supervisor will be monitoring the services that I provide to you and will have access to your mental health record. With your permission, I may occasionally video or audio tape our sessions for review by my supervisor; if this happens, we will discuss it beforehand and I will ask you to sign a consent allowing me to record the session(s). My supervisor will follow all of the policies outlined in this Disclosure Statement and Informed Consent for Services, including policies related to confidentiality. My supervisor is:

Teresa M. Christensen, Ph.D., LPC, NCC, RPT-S  
Licensed Professional Counselor - Board Approved Supervisor  
Registered Play Therapist-Supervisor  
Phone: (303) 803-4340  
Email: [drchristensen@me.com](mailto:drchristensen@me.com)

Licensed Professional Counselor (LPC # 5073) State of Colorado Department of Regulatory Agencies Division of Registrations, 1560 Broadway, Suite 1350, Denver, CO 80202, (303) 894-7800, [www.dora.state.co.us/registrations](http://www.dora.state.co.us/registrations), Issued – September 30, 2008.

Licensed Professional Counselor (LPC # 0701004019)– Commonwealth of Virginia, Department of Health Professionals, 6603 West Broad St., 5th Floor, Richmond, VA, 23230-1712, (804)662-9912, [www.dhp.virginia.gov/counseling](http://www.dhp.virginia.gov/counseling), Issued - August 10, 2006

Licensed Professional Counselor - Board Approved Supervisor (LPC # S 2262), State of Louisiana Licensed Professional Counselors Board of Examiners, 8631 Summa Ave., Suite A, Baton Rouge, LA, 70809, (225) 765-2515, Issued - September 17, 1999.

If you have any questions or concerns regarding my supervision, please let me know.

### **Regulation of Mental Health Professionals in Colorado**

The practice of licensed, certified, or registered mental health professionals is regulated by the Department of Regulatory Agencies (“DORA”) Division of Professions and Occupations (“DOPO”). The Board of Licensed Professional Counselor Examiners regulates Licensed Professional Counselors (LPC) and Licensed Professional Counselor Candidates (LPCC), and can be reached at 1560 Broadway, Suite 1350, Denver, CO 80202, 303-894-7800.

Levels of regulations of mental health professionals in Colorado include licensing (requires minimum education, experience, and examination qualifications), certification (requires minimum training, experience, and for certain levels, examination qualifications), and registration (does not require minimum education, experience, or training.) All levels of regulation require passing a jurisprudence take-home examination. 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-master’s 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 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 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.

### **Additional Mandatory Disclosures**

You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure. You may seek a second opinion from another therapist or may terminate therapy at any time.

In a professional relationship, sexual intimacy is never appropriate. If sexual intimacy occurs it should be reported to DORA at (303) 894-7800, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202; State Board of Licensed Professional Counselor Examiners.

The information provided by you during therapy sessions is legally confidential in the case of licensed marriage and family therapists, social workers, professional counselors, and psychologists; licensed or certified addiction counselors; and registered psychotherapists, except as provided in section 12-43-218 and except for certain legal exceptions that will be identified by your therapist should any such situation arise during therapy.

### **Professional Fees**

Therapy fees are based on a 45-50 minute clinical hour rather than a clock hour to allow time for review of notes and record-keeping. If we meet for more than the regularly scheduled hour, I will charge accordingly for the additional time. I also charge this same hourly rate for other professional services, such as report writing, telephone calls, preparation of reports or treatment summaries, meeting with other professionals with your authorization, consultations, and time spent performing other services you request of me.

### **Court Appearances**

It is not within my qualifications to become involved in court proceedings. However, if you become involved in legal proceedings, I charge **\$500** per hour for services related to your legal matter. You will be responsible for paying for any professional time I spend on your legal matter, even if the request comes from another party. Professional time spent on your legal matter includes, but is not limited to: attorney fees that I may incur in preparing for or complying with the requested legal services; testimony related matters such as case research, report writing, travel, depositions, actual testimony, cross examination, and courtroom waiting time.

### **Billing & Payments**

You will be expected to pay for each session at the time it is held unless we have agreed otherwise in advance. If your account has not been paid for more than thirty (30) days and payment arrangements have not been agreed upon, your account will be considered past due and I have the option of using legal means to secure the payment. This may involve using a collection agency or filing a claim in small claims court. In collection situations, I will make all efforts to release the minimum information necessary to proceed with collections or a claim, which will include the client name, date, times, and the nature of services, and the amount due.



I accept cash, check, or credit cards via an online application (I-Square and/or Ivy Pay). Know that there is a processing fee charged by the providers for every charge via credit card on ISquare, and I will collect credit/debit card information for billing purposes based on convenience and cancellation policy, outlined above. Please know that I cannot control for online or web security issues related to such methods of payment and clients accept this risk upon selection of credit card payment.

Any other communication (email, texting, phone consultation, etc.) that is for purposes other than scheduling will be charged at a minimum of the hourly rate per 50-minute session. My sliding fee scale is based on what is negotiated between the client and counselor. My sliding fee range is \$50-\$100 and I strive to help clients get the services they need within what they can afford. I reserve the right to adjust my fees and will give 1-3 months' advance notice should my fees change.

### **Fee Scale**

In return for a fee of \$\_\_\_\_\_ per session, I agree to provide 50 minutes of individual counseling.

In return for a fee of \$\_\_\_\_\_ per session, I agree to provide 90 minutes of individual counseling.

### **Cancellation Policy**

The same hourly fee will be charged for appointments canceled with less than twenty-four (24) hours' notice. If I do not receive such advanced notice, clients will be responsible for paying for the session they missed prior to scheduling another appointment with me. Any fees uncollected at the end of services may be turned over to a collection agency. If you cancel your appointment within 24 hours of the scheduled time or fail to show up at the appointment without notice ("no-show"), excluding emergency situations, I have the right to charge you for the full amount of the session. Please be aware that most insurance companies will not provide reimbursement for cancellation fees and you will be personally responsible for the payment of any such fees.

### **Discharge/Termination Policy**

It is important for therapy to occur on a consistent, regular basis. You and your counselor will determine frequency of treatment, whether on a monthly, bimonthly, or weekly basis. Please note that the counselor reserves the right to discharge or terminate treatment with you should **3 no call-no shows** occur. Your counselor will notify you of discharge or termination should 3 no call-no shows occur and will provide you will 3 or more referrals.

### **Insurance Policy**

As a pre-licensed professional counselor, I DO NOT accept insurances as a direct form of payment. However, most health insurance companies will reimburse clients for my counseling services, but some will not. Those that do reimburse usually require that a standard amount be paid by clients before reimbursement is allowed and usually only a percentage of my fee is reimbursable. Clients should contact a company representative to determine whether their insurance company will reimburse them and what schedule of reimbursement is used. Health insurance companies usually require that I diagnose a mental condition and indicate that clients have an illness before they will agree to reimburse for counseling sessions. In the event a diagnosis is required, I will inform clients of the diagnosis I plan to render before I submit it to the health insurance company. Know that standard hourly rates will apply for all time spent completing paperwork related to insurance billing.



### **Professional Counseling Expectations**

Although counseling sessions will be very intimate, it is important for clients to realize that counseling is a professional, rather than personal, relationship. Contact will be limited to the paid session clients have with me. Please avoid inviting me to social gatherings, offering gifts, or asking me to relate to you in any way outside counseling sessions. Clients will be best served if their relationship stays strictly professional and if counseling sessions concentrate exclusively on clients' concerns. Clients will learn a great deal about me as we work together during the counseling experience. However, it is important for clients to remember that they are experiencing me only in my professional role. Additionally, it is NEVER appropriate for counselors to engage in a romantic, sexual, or social manner.

### **Gifts Policy**

As I work with many clients who are minors, it can be important to provide a gift around holidays or special occasions. Due to this, I only accept gifts that are hand-made (crafted) and I do *not* accept any gifts that are over \$10 dollars.

### **Confidentiality**

In general, the privacy of communications between a therapist and client is protected by law, and I can only release information about our work together with your written permission. However, there are certain exceptions to confidentiality. These exceptions are listed in the Colorado statutes, C.R.S. §12-43-218.

**As a mandated reported, I am required to disclose information under the following circumstances:**

- **Situations of suspected or confirmed child abuse or neglect;**
- **Abuse or exploitation of an at-risk adult or elder, including imminent risk of such abuse;**
- **Threats of harm to others, including people identifiable by their association with a specific location or entity;**
- **Threats of harm to yourself.**

In such situations, I may be required to take protective actions which may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If such a situation arises during our work together, I will make every attempt to discuss it fully with you before taking necessary action.

In addition, I may disclose confidential information in the course of consultation with other professionals. I will make every effort to avoid revealing your identity in the course of such consultation, and any professional with whom I consult will be legally bound to keep the information confidential. Signing this document gives me permission to consult as necessary. I may also reveal confidential information in the event of an investigation of a complaint or civil suit filed against me or if I am ordered to do so by a court of law. In addition, there may be other exceptions to confidentiality as provided by HIPAA regulations and other Federal and/or Colorado laws and regulations that may apply.

### **Privileged Communication**



Information shared and material revealed in the counseling session will remain strictly confidential with the exception of information for HIPPA and the aforementioned exceptions that fall under mandated reporting. Confidentiality will be broken, in accordance with state law, if the following circumstances arise:

- You, the client, sign a written release of information indicating informed consent of such a release,
- You, the client, expresses intent to harm oneself or someone else (including issues related to HIV/AIDS),
- There is a reasonable suspicion of abuse/neglect of a minor child, elder person (65 or older), or a dependent adult, and/or;
- A verified subpoena or other court order is received directing the disclosure of information.

**Electronic Communications**

Although confidentiality extends to communications by text, email, telephone, and/or other electronic means, I cannot guarantee that those communications will be kept confidential and/or that a third-party may not access our communications. Even though I utilize reasonable security measures, there is a risk that our electronic or telephone communications may be compromised, unsecured, and/or accessed by a third-party.

By initialing below, you consent and authorize me, Amy Ladebue, MA, LPCC, to communicate Protected Health Information (“PHI”) through the following unsecure transmissions (please initial all of your choices):

\_\_\_\_\_ Voice over Internet Protocol (VoIP) phone service (Google Voice)  
 \_\_\_\_\_ Cellular/Mobile phone, including text messages and voicemails  
 Cell number: \_\_\_\_\_

\_\_\_\_\_ Unsecured email  
 Client’s email address: \_\_\_\_\_  Send  Receive  
 Therapist’s email address: \_\_\_\_\_  Send  Receive

\_\_\_\_\_ Appointment/Scheduling Reminder System  
 \_\_\_\_\_ Other Media: Please describe: \_\_\_\_\_  
 \_\_\_\_\_ I do not wish to have my PHI transmitted electronically

**Communication Between Sessions**

I am often available by telephone within regular business hours. If you call my office and leave a voicemail or other message, I will do my best to return your call by the end of the next business day (excluding weekends and holidays). If you are unable to reach me and feel that you cannot wait for me to return your call, please contact your family physician or nearest emergency room for assistance. If I will be unavailable for an extended period, I will provide you with the name of a colleague to contact if necessary.



Sacred Tree Counseling, LLC

Emails and text messages are to be used for administrative purposes only, such as scheduling or changing appointments, billing issues, and other such issues. Please do not email or text about clinical matters; if you need to discuss a clinical matter, please call so we can discuss it on the phone or wait until your next scheduled appointment.

### **Interruption of Services – Professional Designee**

If I am disabled, die, or become incapacitated, the following provider will act as my Professional Designee and will have access to my client files. The Professional Designee will contact you to notify you of the event and will assist in continuing your care and treatment with the least amount of disruption possible by providing you with referrals and transferring your client record, if requested, to your new provider. If you are not comfortable with the below listed Professional Designee for any reason, please let me know and we will discuss alternatives.

Teresa M. Christensen, Ph.D., LPC, NCC, RPT-S  
Licensed Professional Counselor - Board Approved Supervisor  
Registered Play Therapist-Supervisor  
Phone: (303) 803-4340  
Email: [drchristensen@me.com](mailto:drchristensen@me.com)

### **Statute of Limitations**

Any person who alleges that a mental health professional has violated the licensing laws related to the maintenance of records of a client eighteen years of age or older, must file a complaint or other notice with the licensing board within seven years after the person discovered or reasonably should have discovered this. I will maintain records as required by law and as described in the “Record-Keeping” section below.

### **Record-Keeping**

Your services are provided by Amy Ladebue, MA, LPCC and owner of Sacred Tree Counseling, LLC who are the formal custodian of your mental health records for services received at Sacred Tree Counseling, LLC.

I may maintain a physical paper record in addition to maintaining electronic records system in Google Suite, a HIPPA compliant electronic system. I take reasonable precautions to protect the privacy and security of any physical paper records including keeping the records in a locked file cabinet. Records are maintained and will be destroyed in accordance with state and federal laws and regulations. Currently, Colorado law requires that I maintain your records for a period of seven (7) years commencing on the date of termination of services or the date of last contact with the client, whichever is later. When the client is a child, the records must be maintained for a period of seven years commencing either upon the last day of treatment or when the child reaches 18 years of age, whichever comes later, but in no event shall records be kept for more than 12 years. After this time, your records will be destroyed. If you would like further information about the maintenance of your records, please ask.



I may also store and maintain client information electronically on my computers and/or mobile devices. In addition, I use a secure local server for backing up client records. To maintain security and protect this information, I take reasonable precautions which may include the use of firewalls, antivirus software, encryption methods, and changing passwords regularly to protect computers and devices from unauthorized access.

I utilize a cloud-based service called Google Suite for storing or backing up client records. To help maintain the security of the electronically stored information, I have entered into a HIPAA Business Associates Agreement with Google Suite under which the company is required by federal law to protect the electronic information from unauthorized use or disclosure. It may be necessary for other individuals to have access to the electronically stored information, such as Google Suite's workforce members, in order to maintain the system itself. Federal law protecting the electronically stored information extends to these workforce members. If you have any questions about the security measures I employ, please ask.

### **Teletherapy**

In general, I do not provide teletherapy such as therapy over the phone or other electronic means. Communications over text or email should be limited to administrative purposes such as appointment scheduling. If you want teletherapy, you can discuss that with me and I will determine if teletherapy is appropriate at my sole discretion.

My exceptions to teletherapy include:

- **Adverse Weather Conditions:** In the case of adverse weather, we may either reschedule our appointment or meet over phone or Google video conferencing to maintain your appointment.
- **Travel:** If you are travelling and are in need of a session, please communicate this with me and I am happy to provide a phone or Google video conference session.
- **Special Circumstances:** Other circumstances in which you and I will figure out logistics.

### **Adverse Weather Conditions Policy**

In the event that weather creates *dangerous travel conditions*, I request that clients either reschedule their session or have their session over the phone or Google video conferencing. I understand that living in Colorado can present dangerous travel conditions in the winter season and your safety is a top priority. If you feel unsafe to come to my location, please let me know and we can have your session via telehealth.

In the event that *schools are closed due to adverse weather conditions*, my office will be closed and I will inform you as soon as I am able that sessions are canceled or rescheduled.

### **Social Media Policy**

I do not accept personal Facebook, LinkedIn, Twitter, Instagram, and/or other friend/connection/follow requests via any Social Media platform. Any such request will be denied in order to maintain professional boundaries. If you have any questions regarding social media, review websites, or search engines in connection to my therapeutic relationship, please contact me immediately and address those questions.

### **Emergency Services**



In general, I am accessible and can be reached by phone, email, or text. However, I do not provide 24-hour emergency services and am not an emergency service professional. In the event that clients feel their mental health requires emergency attention or if they have an emotional crisis, they should contact 911, or report directly to the emergency room of a local hospital and request mental health services. Clients may also call Colorado's Crisis Hotline at (844)-493-8255. I do not provide after-hours treatment without an appointment.

### **Treatment of Minors**

If you are consenting to the treatment of a minor child, you will be required to provide a copy of the most recent Court Order Custody Agreement and/or Parenting Plan, if applicable, that gives you the authority to consent to the treatment of the child. By signing this form, you agree to keep me informed of any supplemental court orders or other proceedings that impact your parental rights, custody arrangements, or decision-making authority. Failure to produce the Court Order will prohibit me from seeing the minor child. If there is joint medical decision-making authority for your child, I will require both parents to consent to treatment and will not proceed until such consent is obtained. My policy requires both parents consent for treatment unless there are appropriate court orders which have been outlined in the Informed Consent for the Treatment of Children and Adolescents.

In Colorado, house bill 19-1120 and CRS §12-43-202.5 allows a mental health professional to provide psychotherapy services to a minor who is twelve (12) years or older, with or without the consent of the minor's parents or legal guardian, if the mental health professional determines; the minor is knowingly and voluntarily seeking such services, and the provision of services is clinically indicated and necessary to the minor's well-being. The mental health professional may notify the parents or legal guardian of services given or needed, with the minor's consent, unless notifying the parent or legal guardian would be inappropriate or detrimental to the minor's care and treatment.

**My policy is that children 12 and older must voluntarily consent for their own treatment in addition to having both parents consent unless the child is seeking services independently of their parents and notifying the parents would cause harm or be detrimental to the child's well-being.**

It is beyond the scope of my practice to provide custody recommendations, and any such request will be denied. The Court can appoint professionals who have the expertise to make such recommendations. By signing below, you agree not to subpoena my records or ask me to testify in court or to provide letters or documentation expressing my opinion about custody or visitation. Despite this, a Court may still require me to testify or to provide treatment information to an evaluator. I will comply with these requests as legally required and you will be required to compensate me for time spent providing these services as indicated in the "Professional Fees" section above.

In the course of treatment with your child, I may involve other family members in your child's treatment. However, please remember that my client is your child, not the other family members of the child. Any meetings with you or other family members will be documented in your child's record. These notes will be available to anyone who has legal access to your child's treatment record.

Therapy is most effective when there is a trusting relationship between the therapist and client. Privacy is important in establishing trust, and as a result, it is often important for child or adolescent clients to have a level of privacy around the therapy. It is my policy to provide parents with general information about their child's treatment, but not to share specific information disclosed during therapy. This includes behaviors that you may not approve of but which do not place your child at imminent risk or danger. If I ever feel that your child is in danger, I will communicate this information to you. For



example, if your child tells me that s/he has tried alcohol a few times at parties, I will not generally share this with you. If your child shares that s/he has been drinking and driving or riding with a drunk driver, I would share this information with you. For young children, it is common practice for therapists to involve parents in treatment by providing treatment summaries or general themes during parental consultations via phone or in person. If you have questions about the types of information I will share, you can feel free to ask me hypothetical questions about situations that I would or would not disclose to you.

Although you may have the legal right to access any written record I keep, by signing this agreement you are agreeing that your child or adolescent should have privacy around their therapy and you agree not to request access to your child’s full record. If a request is made in writing, I will provide an overview of treatment and a treatment summary. If you would like complete records, my hourly fee will be charged for time and resources needed to furnish copies of all records.

**Code of Conduct**

I am required by state law to adhere to a Code of Conduct for my practice which is determined by the Colorado Department of Regulatory Agencies (DORA), the American Counseling Association (ACA), and the Association for Play Therapy (APT). Copies of such codes are available online or upon request. It is impossible to guarantee any specific results regarding clients’ personal counseling goals. However, I assure that my services will be rendered in a professional manner consistent with accepted ethical standards.

**Client Responsibilities**

Clients are expected to follow office procedures for keeping appointments, pay for services at the time of each visit, and terminating the counseling relationship with the current counselor before attaining services from another mental health professional. When involved in another ongoing professional mental health relationship, clients MUST notify me as soon as possible as this is a violation of ethical and legal statutes and I will need to terminate services immediately.

**Physical Health**

I highly recommend that all clients complete a physical examination if they have not had one within the past year. When was your last physical exam and by whom?

Date of exam: \_\_\_\_\_

Physician: \_\_\_\_\_

**Counselor Responsibilities**

In the initial phases and throughout the process of counseling (as necessary), I agree to:

1. Disclose to clients the purposes, goals, techniques, procedures, limitations, potential risks and benefits of services to be performed, and any other pertinent information.



2. Take steps to ensure that clients understand the implications of diagnosis, intended use of tests and reports, and fees and billing arrangements.
3. Offer freedom of choice whether to enter into a counseling relationship and to determine which professional(s) will provide counseling. Restrictions would include those clients who exhibit danger to self or others, as determined by their counselor, other mental health professionals, and law enforcement personnel.
4. If a client is seeing another mental health professional, I will inform, consult, and receive permission from the first therapist before I begin work with the client. I will attain written consent from a client prior to this action.
5. Be aware of the intimacy and responsibility inherent in the counseling relationship, maintain respect for clients' uniqueness and beliefs, avoid actions that seek to meet my personal needs at the expense of clients. This includes my awareness of my own values, attitudes, beliefs, and behaviors, and my awareness of how these aspects apply in the diverse society. I will avoid imposing my values on clients.
6. Avoid dual relationships that could impair professional judgment or increase the risk of harm to clients. I shall not accept clients with whom they have administrative, supervisory, or evaluative relationships.
7. Avoid any type of sexual intimacies with clients and shall not counsel persons with whom I have had a sexual relationship. Avoid sexual intimacies with former clients within a minimum of two years after terminating the counseling relationship.
8. Clarify at outset of counseling which person or persons are clients and the nature of the relationship I will have with each involved person, when providing counseling services to two or more persons who have a relationship (intimate partners, family members, etc.).
9. Screen prospective group counseling/therapy participants and take reasonable precautions to protect clients from physical or psychological trauma.
10. I shall not abandon or neglect clients in counseling and shall make appropriate arrangements for the continuation of treatment, when necessary. If I determine that I am unable to be of professional assistance to clients, I will suggest more than one appropriate referral source.
11. When using computer technology, I shall ensure that: (a) clients are intellectually, emotionally, and physically capable of using computer applications; (b) the computer application is appropriate for clients' needs and there is equal access to computer applications in counseling services; (c) clients understand the purpose, operation, limitations, and risks of computer applications; and (d) follow-up is provided to correct possible misconceptions, discover inappropriate use, and assess subsequent needs.

In the event clients are dissatisfied with my services for any reason, please let me know. To file a complaint about a Licensee such as myself, you may contact the Colorado Department of Regulatory Agencies (DORA).

**By signing this, I attest that I have read and understand everything in this document.**

Client's Name: \_\_\_\_\_ Client's DOB: \_\_\_\_\_

Client's Age: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_



Cell Phone: \_\_\_\_\_

For purposes of safety, emergencies, and my office location regulations, I request all clients provide their car information in the event such information is needed.

Make & Model of Car: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Amy C. Ladebue, MA, LPCC)

**Legal Guardians MUST complete this section if this pertains to a Minor Seeking Counseling: According to C.R.S. §27-10-103, any individual under the age of twelve (12) must have consent from a parent or legal guardian prior to the initiation of the counseling relationship. The parent/legal guardian must complete the following section on or before the initial counseling session.**

I, \_\_\_\_\_, authorize Amy Ladebue, MA, LPCC to conduct counseling with  
(Legal Guardian Signature)

\_\_\_\_\_. I am \_\_\_\_\_ to the minor and verify  
(Minor's Name) (Relationship to Minor)

that I have legal guardianship or parental/custodial rights over this person.