

HealingBear Wellness LLC

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INFORMED CONSENT AND MANDATORY DISCLOSURE STATEMENT

Heather is a registered psychotherapist in the state of Colorado.

- 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.

CONSENT FOR SERVICES

- I voluntarily consent to receiving psychotherapeutic services, including evaluation, assessment, diagnosis, and treatment.
- I understand that I am an active participant in the process of establishing, evaluating, and accomplishing my therapeutic goals and demonstrate this by my ability and willingness to communicate my ideas, thoughts, feelings and needs.
- I understand therapy has potential emotional risks. I understand that I must carefully consider whether these risks are worth the benefits of changing.
- I understand that I may withdraw this consent at any time.

DISCLOSURE OF INFORMATION

- I understand that information will only be shared in accordance with HIPAA regulations.
- I understand that any release of verbal, written, and/or electronic information about my therapeutic relationship must occur with my written consent, with a few exceptions. **These include the possibility of imminent danger to self or to others.**
- I understand that some aspects of my therapeutic relationship will be shared with other clinicians on a need to know basis. These situations include, but are not limited to, clinical supervision and mentoring.
- I understand that in providing an email address or telephone number for my therapist to use when contacting me presumes my understanding that these forms of communication cannot be guaranteed to be confidential and I release her from any unintentional liability that this may incur.
- 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.

EDUCATION

- In 2011, Heather received a Master of Arts Degree in Transpersonal Counseling Psychology with a concentration in Wilderness Therapy from Naropa University in Boulder, Colorado.

- In 2005, Heather completed an Outdoor Educator Semester from The National Outdoor Leadership School (NOLS) in Lander, Wyoming.
- In 2002, Heather received her Bachelor of Arts degree in Art with a minor in Psychology from Stephen F. Austin State University in Nacogdoches, Texas

EXPERIENCE

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| •Psychotherapist in Private Practice | Boulder/Denver 2011-present |
| •Internship: The Odyssey School | Denver 2010-2011 |
| •Practicums: The Women’s Wilderness Institute | Boulder 2009-2010 |
| Helping Relationship Course | Naropa University, Boulder 2008-2009 |

LEVELS OF LICENSING

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

- 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.
- Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.
- Certified Addiction Counselor III (CAC III) must have a bachelor’s degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.
- Licensed Addiction Counselor must have a clinical master’s degree and meet the CAC III requirements.
- Licensed Social Worker must hold a master’s degree in social work.
- 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.
- 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-masters supervision.
- A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.

METHODS, STRUCTURE OF SESSIONS, AND PAYMENT

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.

METHODS

- Client-Centered Therapy: In Client-Centered therapy, the central hypothesis is that the growthful potential of any patient will tend to be released in a relationship in which the therapist communicates realness, caring, and a deeply sensitive, non-judgmental understanding. Thus, the therapist practices participative and empathetic listening, while allowing the client to freely vent his/her feelings.
- Eclectic Psychotherapy: Eclectic psychotherapy selects what is valid or useful from all available theories, methods, and practices. The eclectic approach rejects adherence to any one school or system, and instead utilizes what is most valid or relevant from the whole therapeutic spectrum. It is composed of contributions from many different sources, used according to whether they are valid, applicable, and indicated. The eclectic method thereby becomes a basic scientific approach to the problem of matching suitable clinical methods to the needs of specific cases.

STRUCTURE OF SESSIONS AND PAYMENT

- Therapy session are scheduled for 50 minutes periods.
- A fee of \$90.00 is to be paid at the end of each session.
- Check, cash, and credit cards are acceptable forms of payment. A processing fee of 2.75% will be added to credit card transactions.
- Heather holds a few sliding scale slots for clients, if interested please let her know.
- I understand my therapist does not bill insurance companies.

CANCELTION POLICY

- I understand that at least 24 hours advanced notice must be provided if I need to cancel or reschedule a session.
- Because my appointment time has been reserved specifically for me, all changes or cancellations received with less than 24 hours notice will be billed at my regular rate unless by appointment can be rescheduled within the same week.

CONFIDENTIALITY

- Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes, **[If your practice is covered by HIPAA add this statement: "and the HIPAA Notice of Privacy Rights you were provided"]** as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: <http://www.dora.state.co.us/mental-health/Statute.pdf>.

GIFT POLICY

- I understand that the giving and receiving of gifts within the theraputic relationship has the possibility of confusing the nature and scope of my personal process with my therapist and thus I will refrain from giving or receiving gifts as part of my therapy.

- I understand that the fee I pay for services is the only payment I am expected to contribute toward the cost of my therapy and that it is not expected or recommended that I give gifts to my therapist.

SUPERVISION AND CONSULTATION

- I understand it is standard practice and of benefit to me as a client for my therapist to receive regular and ongoing clinical supervision or peer consultation by a qualified clinician. I further understand that my therapist is currently receiving regular clinical supervision and/or peer consultation.
- Supervision is provided by:
Deborah Bowman
Licensed Clinical Psychologist
Colorado #1974
Phone 303-440-0808
dbowmanphd@aol.com
- I understand that I may contact Heather's supervisor if I have questions or concerns regarding services I am receiving that are not understood through direct communication with Heather.
- The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Section of the Division of Regulations. The Board of Psychologist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

MESSAGES AND TELEPHONE CALLS

- I understand that messages are checked at the end of the day and that calls are returned within 24-48 hours, Monday through Friday.
- Office hours are Monday through Friday 9am-4pm.
- Calls lasting more than 15 minutes will be charged to me on a pro-rated basis.

EMERGENCIES

- If I feel that I am having a life or death emergency I will call 911, or check myself into a hospital emergency room.

TERMINATION OF THERAPY

- I understand that I may seek a second opinion from another therapist or may terminate therapy at any time. If I do decide to terminate therapy, I agree to inform my therapist as far in advance as possible, or if this is not possible, at the beginning of the last session at which I am to meet. In a therapeutic relationship of any length, termination and closure are very important processes and most people find their experience to be incomplete if there has not been an adequate opportunity to discuss reasons for ending.

CLIENT SIGNATURE, ACKNOWLEDGEMENT, AGREEMENT, AND CONSENT

By Signing below, client/responsible party acknowledges that he/she has reviewed and fully understands the terms and conditions of this agreement. Client has discussed such terms and conditions with therapist, and has had any questions and concerns answered to client's satisfaction. By signing this agreement, client agrees to abide by the terms and conditions of this agreement and consents to participate in the process of psychotherapy with the therapist. Moreover, client agrees to hold therapist free and harmless from any claims, demands or suits for damages from any injury or complications, save negligence, that may result from treatment.

I have been informed of my therapist's degrees, credentials, and licenses.

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client's responsible party.

Print Client's name

Date of Birth

Client's or Responsible Party's Signature

Date

If signed by Responsible Party, please state relationship to client and authority to consent:
