

Client Name: \_\_\_\_\_

## *Awakened Awareness, LLC*

### Disclosure Statement

**Ashley Gallegos, LPCC**  
[ashley@awakenedaware.com](mailto:ashley@awakenedaware.com)  
(720) 443-3005  
awakenedaware.com

#### **Therapist Information:**

**Ashley Gallegos, LPCC**

I am a Licensed Professional Counselor Candidate in the state of Colorado, permit number (LPCC. 0016988). I received my Master of Science in Clinical Mental Health Counseling from Capella University. I have experience working with both adults and adolescents in various individual and group therapy settings, including inpatient psychiatric facilities, crisis centers, community mental health centers as well as an intensive outpatient program (IOP). I also have experience as a case manager. I utilized an integrative approach of person-centered therapy, Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT). I can be reached at my Google Voice number (720) 443-3005 or at the email listed above. If I am unable to answer, please leave a voicemail and I will return your call as soon as I am able.

As a client here at Awakened Awareness, please understand we provide non-emergency counseling services by scheduled appointment. If for any reason you are unable to contact your therapist by phone or email, and are having an emergency, you agree to call 911 or check yourself into the nearest hospital emergency room or crisis walk in-center.

*The Practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Department of Regulatory Agencies. Questions and complaints may be addressed to the Grievance Board, which is located at:*

Mental Health Licensing Section of the Division of Professions and Occupations.  
The State Board of Licensed Professional Counselor Examiners  
1560 Broadway, Suite 1350,  
Denver, Colorado 80202  
(303) 894-7800

We provide services in accordance with the following guidelines:

- You are entitled to receive information 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 terminate therapy at any time.
- 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.
- You are entitled to change your therapist within Awakened Awareness if available. All requests will be reviewed clinically.
- In the event that we meet inadvertently in public, in order to protect your privacy, I will not approach you or speak to you. If you wish to acknowledge the acquaintance and speak to me, it is your choice to do so. It is my policy not to engage in social activities with, nor accept gifts from clients.

#### **Consent to Treatment**

I request services from Awakened Awareness, LLC.

#### **Confidentiality:**

I understand that my records will be held in confidence pursuant to Colorado Revised Statutes (CRS 18-6.5-108, CRS 27-67-101 et. seq.) the Division of Alcohol and Drug Abuse pursuant to code of Federal Regulations (42 C.F.R. Part 2), and the Health Insurance Portability and Accountability Act of 1996 (HIPPA). There are exceptions to confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes, and the HIPAA Notice of Privacy Rights as well as other exceptions in Colorado and Federal law. In general, the exceptions include a “threat of serious harm to yourself or others” as in the case of child abuse, elder abuse, suicide, grave disability, under a court order, or in response to any legal action taken by you against Awakened Awareness, or its therapists.

#### **Follow-up:**

I understand Awakened Awareness may contact me after termination of treatment to gather information needed for follow-up and program evaluation. I hereby grant permission to provide my name, address, and phone number to allow follow-up contact after my discharge from treatment.

**Destruction of Records:**

I understand that the clinical records from this treatment episode may be destroyed if no further treatment is rendered within 10 years of the date of termination of this episode (or ten years from the date client reaches age eighteen, if client is a minor.)

**As a client, you have the following rights:**

- You have the right to revoke this consent at any time.
- To receive treatment, only if your legal guardian gives permission in writing.
- To be treated with respect and recognition of your need for dignity.
- To receive services based on your individual needs, in a setting which supports your individual freedoms.
- To actively participate with your provider in creating a plan for your care. To include other people that you think would be helpful to you in creating your plan.
- To confidentiality and to expect that none of the information about your treatment will be given to anyone without your permission, except as required by law.
  - Suspected child or elder abuse or neglect will be reported to law enforcement.
  - Threat of imminent physical harm by a client will be reported to law enforcement and to the person(s) threatened.
  - Threat of imminent violence or physical harm done to yourself will be reported to the proper authorities and mental health providers for an evaluation.
  - Threat to national security to federal officials will be reported to the proper authorities.
  - We may be required by court order to disclose treatment information.
- To refuse treatment unless you are court ordered to receive services and be informed of the consequences your refusal.
- To have your family members involved in your care, at your request. To be represented by your guardian in the case that you are unable to fully participate in your treatment decisions.
- To receive information about Awakened Awareness and clinical guidelines.
- To not be discriminated against due to race or ethnicity, sex, age, disability, sexual orientation, or genetic information.
- To be informed of the rights in a way you understand.
- To complain about our services at any time without retaliation.
- To file a complaint or grievance to the Board of Registered Psychotherapists.

**Session Length, Fee Information, Cancellation Policy and Duration of Counseling:**

- Counseling sessions are fifty (50) minutes in length and the time begins at the appointment time, not when the client arrives.
- Fees: Your therapist charges \$75 per 50-minute session for individuals, A sliding scale may be available, contingent on there being any open sliding scale slots.
- All Therapists require a 24-hour notice if you are unable to attend a scheduled appointment. A \$25 charge will apply if the appointment is missed without a 24-hour notice.
- Sessions will end at the scheduled time regardless of when they were started. Please notify your therapist if you are going to be late.
- Therapists reserve the right to recommend termination of counseling or referral of a client for a higher level of care when appropriate.

*Please read and initial each statement indicating these actions have been taken.*

I have read and understand the content listed above

I have received a copy of the disclosure (if interested)

---

Client Signature

---

Date

---

Signature of Guardian of Client (if applicable)

---

Date

---

Clinician Signature

---

Date