

Marissa Pope M.A. LPC, C.A.R.T.

Informed Consent

As you and I work together toward your goals of a better you, I want to openly communicate a few things with you and encourage you to ask any questions you may have regarding this form or any other.

Qualifications

I am an LPC, Licensed Professional Counselor, and C.A.R.T; a Certified Anger Resolution Therapist. My undergraduate studies were done at Oklahoma Christian University and my graduate studies were through Liberty University, where I obtained a Master of Arts degree in Professional Counseling.

Experience

I have been working as a Mental Health Counselor for over 7 years in different capacities. I work especially with adults. I specialize in Couples' relationships. I am also skilled in helping people through issues of anger management, bipolar disorder, depression, anxiety, insecurity, and difficulty with those sometimes rough changes that life throws our way.

Disclosure

Although there are innumerable, well known benefits to participating in counseling, occasionally, a client may be surprised that the results of a particular session or series of sessions may not "feel good" for the moment. This is infrequent but can be a natural part of positive growth. For example, sometimes when we visit the doctor, we don't always walk away feeling great immediately due to a procedure or due to a new discovery and the healing comes later. Likewise, occasionally, emotional growth has long-term positive effects that may not be seen or felt in the immediate. Positive results may sometimes happen quickly and sometimes happen slowly. As a result of counseling and a greater understanding of self, the changes you may choose to make in order to grow may affect significant relationships, career, and other major areas of your life.

I want to invite you into the counseling relationship. A relationship wherein my hopes are that together we can set and reach goals for your personal growth, or growth as a couple. A relationship wherein you may feel encouraged and free to address any questions you have, from concerns about the therapeutic process, to the thoughts about life that we all struggle with. I have nothing but high hopes for you!

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Sessions

My sessions are 50 minutes each, and I have found it most beneficial to start out once a week. The quantity of sessions and length of treatment will be re-assessed regularly during the course of treatment. I like to say: “A counselor’s job is to work herself out of a job.” –Meaning, this won’t be forever! Good news: I want to teach you the tools to help you, help you!

Anti-discrimination

I am happy to offer my services to you, regardless of your race, gender, religion, national origin, disability, or sexual orientation. With the understanding that differences in understanding naturally occur in any 2 people from different backgrounds, my goal is to understand you and work alongside you by making every effort to understand you!

Contact information

Crisis number: 911

Suicide Hotline: 1-800-273-TALK (8255)

In crisis, do not call me first!

To contact me in a non-emergency, you may leave messages at the office: 719-250-1563. Please leave a specific message when you do call.

Client Rights and Responsibilities

You have the right to end a counseling session at will. I only ask that, for your therapeutic benefit, you allow us to have a “termination session” also called a wrap-up session.

You have the right to express to me any questions or concerns about my practices. If your concerns are not resolved in a timely manner, you also have the right to contact the Colorado State Board of Licensed Professional Counselors (dpo.colorado.gov/professionalcounselor) There, you may file an official complaint for examination by the state.

You have a responsibility to attend sessions as scheduled or cancel at least 1 business day in advance, to follow through on agreed-upon proven interventions between sessions, such as readings or short journal entry suggestions and, what I often call “experiments,” – things to try for specific scenarios and see if they work for you! And, you have a responsibility to bring with you a notebook or paper and pen to take notes in session.

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Payment

The session fees are agreed upon prior to services between the client and Marissa Pope, LPC. Please remit cash, checks, and credit/ debit cards to Marissa Pope, LPC. Payment must be made prior to each session. Client is responsible for all fees including returned check fees and non-sufficient funds fees. Continuity of treatment depends on a payment account in good standing.

Legal Proceedings

I do not voluntarily involve myself in any legal proceedings. If a situation presents itself wherein I must get involved, the client is responsible for any fees associated with as listed below. Additionally, please understand that involving a counselor in legal ordeals often damages the therapeutic relationship due to having to disclose confidential records. It's important that you ask any questions you have about this if you do not understand.

In the event that my records or my testimony are required by law, payment will be required by you, or whoever's attorney subpoenas my involvement. Patient records will not be released without written consent, unless ordered by the court. Please note: a subpoena is not a court order. A court order is signed by a judge and is harder to obtain. Due to the complexity and difficulty of legal proceedings, I bill \$400 per billable hour for court-related business, which includes any time in preparation for court, phone calls, research, time in waiting, driving, travel, etc. Additionally, travel will be provided by client at the current federal government mileage rate, in addition to a flat, non-refundable \$700 fee on each day of trial to secure my time due to the inability to schedule clients during the business day. The court fee is due within 24 hours of the receipt of a subpoena.

Confidentiality

Confidentiality is a respected part of our counseling code of ethics. It's also important to me because as your counselor, I want to build a relationship of trust with you in which you can share freely, unencumbered by the fear of judgement or any sharing of your personal thoughts, feelings, behaviors, or information. I take your privacy very seriously!

Laws are also in place to protect your privacy. HIPAA stands for the Health Insurance Portability and Accountability Act. Like your doctor, I am obligated under HIPAA to protect your private information. HIPAA is a minimum standard. I personally have some practices in place that are actually above HIPAA standards to protect your privacy and you are welcome to ask me about those.

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Records

Files are closed once the counseling relationship ends. Records for clients are destroyed seven (7) years after the file is closed

LIMITS to confidentiality

Due to the laws of the state of Colorado for the protection of minors, disabled adults and the elderly, there are some basic exceptions to the privacy laws. For example, I have to share with proper authorities when one of these 3 protected groups is in danger of neglect, abuse, or exploitation, regardless that I may have come to that knowledge by information gathered in a session with a client. Please understand: therapists have a legal duty to report these instances.

Other rare exceptions are when records are ordered by the courts, when there are fee or payment disputes between client and therapist, or when there is a filing of a complaint with the licensing board.

Note: Further details about your privacy rights are fully described in a separate document entitled HIPAA Notice of Privacy Practices. You have been offered a copy of that document, and I have discussed those issues. You are welcome to reopen the conversation about your privacy rights at any given time during our work together.

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Permissions

In the event that I believe you are a danger, physically or emotionally, to yourself or another person, you are consenting specifically at this time for me to contact the person in danger, law enforcement, and the following individual:

Emergency Contact Name: _____

Phone _____

Alt. phone if available: _____

Address: _____

You consent for me to contact you by the following means

Email: _____

Phone _____ OK to Leave messages on voicemail? __Yes __No

Alt. phone: _____ OK to Leave messages on voicemail? __Yes __No

Address: _____

Signature: _____ Date: _____