



This statement is being provided to you so that you are aware of your rights as a psychotherapy client. Please read this and discuss any questions or concerns you have before signing it.

Welcome!

I'm looking forward to working with you! Please review my practice policies, disclosures, and informed consent paperwork below. I engage all my clients in a collaborative approach and incorporate various evidence-based therapeutic modalities to specifically address each client's individual needs. Below is some important information about our work together to foster your progress. **If any questions arise, feel free to reach out or ask them in our first meeting.**

Disclosure Statement, Informed Consent, Privacy Policies

Service Provider: Brynne Goldberg, LPCC

Supervisor : Shannon Heers, LPC, CACIII, Owner and Therapist of Catalyss Counseling

Department of Regulatory Agencies (DORA):

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, license school psychologists practicing outside the school setting, and unlicensed individuals who practice psychotherapy. All questions and/or complaints should be addressed to: Department of Regulatory Agencies, Mental Health Section, Board of Psychologist Examiners, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals, a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-masters supervision.

Client Rights:

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. 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.

Confidentiality:

Generally speaking, information disclosed to and by you during treatment is confidential and cannot be released without your written consent. Nor can this information be disclosed in any court of competent jurisdiction in the State of Colorado without your written consent. There are some legal exceptions including threats of physical violence to self or others, specific locations or entities, or suspicion of domestic violence, child or elder abuse or neglect. The Colorado Revised Statute 12-43-1218 provides a list of exceptions to confidentiality. Provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in C.R.S. 13-90-107. If a legal exception arises during therapy, if feasible, you will be informed accordingly. Confidentiality, aside from the legal exception listed above, is not waived for third-party payers and legal parents/guardians of the client unless the client provides written consent. To promote treatment progress, psychotherapists regularly participate in professional consultation and supervision with Shannon Heers. Consistent with your rights, these consultations are conducted with the highest regard to your confidentiality.

Confidentiality of Minors:

Clients under the age of 18 and their parents should be aware that the law may allow parents to access treatment records. However, since confidentiality in treatment is often essential to its success, it is my policy to request a special agreement with minors and their parents. This agreement provides that during treatment, I will provide parents only with general information about treatment progress and the client's attendance at sessions. Any other information will remain confidential and require the client's authorization to access. An exception to this exists if I feel that the client is a danger to themselves or others, in which case, I will notify the parents of my concern. Please be aware that clients, who are 15 and older, in Colorado, have the right to consent to mental health treatment without parental consent. In the case of shared custody between parents, it is the parent seeking therapy for the child's responsibility to keep the other parent informed about psychotherapy. If it is indicated, the other parent may be requested to be involved in therapy and may also be asked to sign a consent form for treatment. It may be necessary for you to assist and encourage the involvement of the other parent.



Social Networking & Dual Relationships:

Dual relationships are not allowed. Once we have a therapist-client relationship, we cannot have a social, acquaintance, friendship or business relationship. Sexual intimacy between a client and therapist is never appropriate and should be reported to the governing board immediately. I do not have relationships with clients through personal social media (e.g. Facebook, Twitter, Instagram) though clients may choose to 'follow' my professional online presence for resources and information.

Communication:

Communications by phone, text or email and outside of my office will be treated as confidential though their confidentiality cannot be guaranteed. The content of phone calls and emails should not be construed as and is not a substitute for therapy. Communication outside of my office, by phone, email, text or other means should be used for non-therapeutic purposes only (unless otherwise stated below) such as for scheduling. Even in such a case, the confidentiality cannot be guaranteed. You are responsible for information included in communications from you outside my office.

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Fee Structure & Financial Agreement:

My fee as of May 1, 2021 is \$120 per 50-minute individual session, \$140 per 50-minute couples coaching session, and \$50 per 60-minute group therapy session. My rates are subject to change - I will give you advanced notice of any changes. My individual and couples sessions last 50 minutes; I use the last ten minutes of the hour to take notes and prepare for my next client, including you. Please let me know if this concerns you. Sessions that last longer than 50 minutes will be pro-rated (except for group therapy sessions/meetings).

Payment is expected by the end of each session. I accept checks, credit cards, and PayPal. I do not accept insurance of any kind. However, I do provide a superbill for you to submit to your insurance company in order to submit a reimbursement claim.

I highly recommend you contact your insurance company directly to understand your insurance policy, mental health benefits, how to submit a claim, find out what you can expect to be reimbursed if you submit a claim, as well as how to submit a reimbursement claim.

I currently use SimplePractice to process credit card payments. If you prefer to not use a credit card to pay, you may pay with cash or check.

While occasional phone calls and emails are used for scheduling, communication lasting more than 10 minutes will be pro-rated at my standard fee. If you request a referral, summary, report, letter or professional consultation with an outside party (e.g. another therapist), you will be billed for any time necessary to prepare documentation and to conduct an in-person or phone consultation. Fees for legal consultation/proceedings are different - see below. If I receive a communication from another therapist with a signed release at your request, I will bill for the consultation at our next appointment. I do not communicate with insurance companies or third parties for payments or reimbursements; this includes for medical leave, disability, etc. Currently, I see clients in my office, via telehealth, or at a mutually agreed-upon public park located within the Denver-Metro, Mondays through Fridays, 9:00 am - 6:00 pm (this may change without notice) An additional fee of \$20/hour will be charged for sessions in office on other days and for sessions at a Denver public park.

Checks that are returned will be assessed a \$30.00 returned check fee to cover bank costs. I do not carry outstanding balances. Delinquent accounts may be sent to collections. Trades, Barter, and In-kind payments are not allowed. While the sentiment is appreciated, favors and gifts are not allowed.



Fee Structure & Financial Agreement Continued:

You, the client, are responsible for updating any pertinent information in your file including contact information and preferences, medications, etc. If you request information from your file, I may provide what is clinically appropriate and therapeutic within my ethical obligation. Fees will be incurred for file review, preparation and any summaries/documentation provided. Clients in Couples or Relationship Counseling agree, as represented by their signatures below, that information discussed in session or contained in clients' file will not be used or accessed for court or legal proceedings including custody proceedings.

If either party feels the client may be better served by another clinician, I will make an informed referral in collaboration with you. If I do not see you for a session for 60 calendar days, your file will change to a 'closed' status (or what's clinically and unfortunately called a 'terminated' status). You are welcome to contact me to return for treatment and your file will be 're-opened'.

Late Arrivals/Cancelled/Missed Appointments:

An appointment means that specific time is reserved for you. Late arrivals cannot be offered extra time, as it is reserved for someone else. If you arrive late, you will be charged the full fee for the shortened session. If you must cancel an appointment, please do so more than 48 hours in advance. If an appointment is missed or canceled with less than 48 hours' notice, you will be billed the full amount of the session to be paid by the end of the next session. Please notify me as soon as possible if you know you need to re-schedule or cancel. If a request is made to re-schedule, I will do my best to accommodate.

Credit Card Information for Missed Appointments:

Circle One: Visa/AmEx/MasterCard/Discover/Other: _____

Name on Card: _____

Card Number: _____

CVV Security Code on Back of Card: _____

Billing Address with Zip Code: _____ Zip Code: _____

Expiration Date: _____

I give permission to Brynne Goldberg, owner of Peak Pursuits, LLC, to charge my credit card the full fee amount for any appointments missed or cancelled with less than 24-hours' notice.

Signature: _____ Date: _____

Legal Proceedings & Court Involvement:

My goal is to support you in achieving therapy goals, not to address legal issues. Therapy is about freedom from judgment; the legal system depends on judgment. It is not within my scope of practice or the scope of our agreement to provide evaluations, depositions or expert testimony. If you become involved in a legal dispute, including divorce and custody, I can support you emotionally through therapy and I will not be involved in the legal process. Therapy is not an appropriate method to obtain evaluative results. If you need a formal psychological evaluation or expert testimony, I will be happy to assist you to find providers who offer this service. By signing below, you release me from any role in legal proceedings.

If you enter into therapy with me, you agree not to initiate any subpoena processes directed at me, my business, or my records. You agree not to attempt to involve me in any legal proceedings, and agree not to attempt to obtain records of treatment for any such proceedings.

Additionally, if I agree or I am ultimately required to participate in any legal proceedings or consultation (professional consultation and/or expert testimony, either by deposition or at trial), that is related in any way to my providing therapy services to you, a non-refundable retainer fee of \$4,500.00 for services and expenses will be due and payable by you before I commence any work, and a minimum of two weeks prior to any scheduled legal proceeding, legal consultation with attorney, or court appearance. This retainer fee will be applied to the first 10 hours of work pertaining to your legal proceeding, but will not be applied towards therapy sessions.

I may require and you agree to promptly provide an additional retainer after the first 10 hours of work pertaining to your legal proceeding is performed. You agree to pay all fees (at a rate of \$450.00 per hour) in full incurred for services & activities including, but not limited to legal consultation, professional consultation, supervision, file review, preparation, travel, writing, delay, testimony (at deposition or trial), and follow-up. If an attorney contacts me on your behalf, that will be understood to be a formal request for involvement and fees will be applied and billed. You also agree to pay for any reasonable costs incurred relating to any such required legal proceeding participation. In the event of a settlement or cancellation of the trial/hearing/deposition/consult with less than 24 hours' notice, fees apply for those hours originally set aside for such. By signing below, you agree that should I elect or be required in the future to provide expert consultation and/or expert testimony, you will timely pay for all services provided within 8 days of receipt of my invoice.



Legal Proceedings & Court Involvement Continued:

If any provision of this Agreement shall be or become invalid under any provision of federal, state or local law, or by a court of competent jurisdiction, such invalidity shall have no effect on the validity or enforceability of the remaining provisions of this Agreement, and they shall continue in full force and effect. This Agreement describes the entire agreement between the parties concerning the subject matter hereof and supersedes all prior or contemporaneous agreements, representations or understandings, written or oral. This Agreement may not be amended, changed or modified except in a writing signed by both parties hereto.ow' my professional online presence for resources and information.

Duration of Treatment:

The length of your treatment will depend on a number of factors such as the intensity of your distress, the duration of your concerns, and how much time you put into your growth between sessions. I am eager to collaborate with you openly about the duration of treatment.

Consent for Treatment:

I voluntarily consent to mental health treatment with Brynne Goldberg, therapist/owner of Peak Pursuits, LLC.

As the client, I (or parent/guardian) understand that I have the right not to sign this form. My signature below indicates that I have read this agreement and asked for the necessary explanation. My signature does not waive any of my rights. I understand I can discuss any concerns I have about therapy at any time during treatment.

I understand that I have the right to withdraw my consent to therapy at any time, for any reason, and exercise my right to seek a second opinion at any time. I understand that no specific promises have been made to me by this therapist about the results of treatment or the number of sessions necessary for therapy to be effective.

I have read this disclosure in full, understand and agree to Brynne Goldberg's, primary therapist and owner of Peak Pursuits, LLC, practices and policies and give my informed consent for treatment.

Initials: _____

Printed Name of Client: _____

Signature of Client: _____

Date: _____

For Legal Parents/Guardians of Client Under 15 Years Old:

Printed Name of Client: _____

Printed Name of Legal Parent/ Guardian: _____

Signature of Legal Parent/Guardian: _____

Date: _____