



WELCOME TO COMPASS COUNSELING & EVALUATION, PLLC. FOLLOWING IS SOME IMPORTANT INFORMATION REQUIRED BY COLORADO LAW ABOUT MY PROFESSIONAL SERVICES AND BUSINESS POLICIES. PLEASE READ IT CAREFULLY SO THAT WE CAN DISCUSS ANY QUESTIONS YOU MIGHT HAVE.

DEGREE, CREDENTIALS, CERTIFICATIONS, REGISTRATIONS, AND LICENSES:

Karen has a Master’s Degree in Counseling Psychology and Counselor Education from the University of Colorado at Denver which included training in counseling theories, abnormal psychology, statistics, ethics, and techniques followed by an internship and practicum. Karen is a Licensed Professional Counselor under Colorado license #5221 which required two years of supervised practice. She holds memberships in the American Association of Christian Counselors and the American Counseling Association, and the International Centre for Excellence in Emotionally Focused Therapy.

PRACTICE REQUIREMENTS:

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 Licensed Professional Counselor 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: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters 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. 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.

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. However, it is requested that you schedule a final appointment if you elect to terminate therapy early.
- 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.
- 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, and in the HIPPA “Notice of Privacy Rights” with which you were provided. These exceptions include, but are not limited to, information regarding harm to self or others and information regarding child abuse. You should be aware that legal confidentiality does not apply in a criminal or delinquency proceeding. These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

LIMITS OF CONFIDENTIALITY

There are exceptions to the general rule of legal confidentiality. I reserve the right to break confidentiality under these exceptions. These exceptions include, but are not limited to, information regarding potential or real harm to self or others and information regarding child abuse or abuse of a disabled or elderly person. You should be aware that, except in the case of information given to a licensed psychologist, legal confidentiality does not apply in criminal or delinquency proceeding. I periodically consult with other colleagues. In these situations, clients are not identified by name. Any information shared within this context is kept confidential. Your signature below constitutes that you give permission for such consultations.

CONFIDENTIALITY IN PUBLIC

In order to maintain your confidentiality as a client of Karen Nadon, MA, LPC., in public I will not speak to or approach you so as to not publically identify you as a client. You are welcome to speak to me or approach me and that will let me know I have your permission to talk with you in public.

DISCLOSURE OF INFORMATION OF CLIENTS WHO ARE MINORS

In the interest of maintaining a trusting relationship with clients who are minors, the details of therapeutic sessions will not be shared with parents or other family members. Information regarding general goals and progress will be shared periodically and as requested. In situations, where a child or adolescent is my client, we can discuss these confidentiality issues in the first session. Should the client share information regarding potential harm to self or others, this information will be shared with the parents and appropriate agencies.

FEES

Fees are \$125 per 60 minute individual therapy session, phone consultations, child-parent related interviews/observations/assessments/ supervision, \$135 per 60 minute couples' therapy, and \$225 per hour for Court testimony (Court related reports will not be released until payment has been made in full).

Payment in full is expected when services are rendered unless specific arrangements are made with Karen in advance. Since I have reserved our appointment time for you, it is my policy to charge a \$100 fee for missed appointments that are not cancelled at least 24 hours in advance.

Delinquent accounts will be turned over to a private agency for collection. Accounts are considered delinquent after 60 days of non-payment.

INSURANCE

If you have an insurance company, you may have access to coverage for some of the fees for therapy. Unless prior arrangements have been made, you are responsible for full payment of fees at the time of service; however, you will be provided a statement that your insurance company may accept as documentation of services.

Be aware that most insurance companies will require you to authorize Karen to provide them with a clinical diagnosis, and some require additional treatment plans/summaries. This information becomes part of the company's files and likely stored in a computer. Karen has no control over what the insurance company does with the information once they obtain it.

CONTACT INFORMATION & EMERGENCY SERVICES

If you have a mental health emergency, please call your local hospital, Advocate Safehouse (domestic violence 945-2632) or Emergency (911). Karen Nadon, MA, LPC will not be available for crisis calls unless previously agreed upon with the client. Communications via non-confidential email is your option as a communication tool, but keep in mind the information is not confidential and is outside of my control once it is electronic.

_____ (initials) I am aware that treatment through Karen Nadon, MA, LPC is not an emergency service, and I have been informed of phone numbers to call in the event of an emergency during evening and weekend hours and outside of Karen Nadon's office hours.

I welcome any questions that you have, including about my training and therapeutic methods, please feel free to ask at any time.

(Please retain a copy of this information for your records).

I have been informed of Karen Nadon's, M.A., LPC degrees & credentials. 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

Client's or Responsible Party's Signature

Date

I acknowledge that I have reviewed the HIPAA Notice of Privacy Practices for Compass Counseling & Evaluation, PLLC. I understand that it is my responsibility to seek clarification if I do not understand some or all of its content.

Client's or Responsible Party's Signature

Date

If I am a parent of a minor I give Karen Nadon permission to treat my child under the age of 18. I, as the parent or guardian of the above minor, authorize and consent for my son/daughter to receive medical and/or personal counseling services as needed. If there are any questions or concerns about the counseling service received, I understand that I and/or my child may speak with Karen Nadon at 970-945-9841.

Responsible Party's Signature

Date