

**Abby Schreiber, MA, LPC**  
**Psychotherapist**  
**Solstice Counseling**  
**(720) 340.1295**

**Client Information, Disclosure Statement and Informed Consent**

**Rights as a Client**

Colorado state law requires that I provide you with a disclosure statement outlining my credentials as a therapist and your rights as a client. If you have any questions about the material contained in this statement or about any aspect of your work with me, please do not hesitate to ask.

The practice of both licensed and registered persons in the field of psychotherapy is regulated by the Mental Health Section of the Division of Registrations.

You are entitled to receive information about the methods and techniques of therapy I use, duration of therapy (if known), fee structure, and my degrees, credentials, and licenses. 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.

**Confidentiality**

Generally speaking, all information provided to me by you in our professional relationship is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in Colorado Statute Section 12-43-218: (a) you sign a release of information for a specific individual or agency; (b) child or elder abuse; (c) you are in imminent danger to self or others; (d) subpoena of records in a criminal procedure. Additionally, I may consult with a professional supervisor and/or a medical backup. If a legal exception arises during therapy, if feasible, you will be informed accordingly.

**Credentials**

I received my Masters degree in Counseling from Regis University School of Professional Studies in Denver in December of 2011. I am a Licensed Professional Counselor with the state of Colorado (LPC.0012374). I am being trained in the use of EMDR therapy and will be certified in June of 2015.

**Mental Health Regulation and Types of Licenses and Registration**

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 masters 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 1000 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.

**Theoretical Perspective/ Professional Disclosure**

I have an integrative approach that utilizes humanist, existential and depth counseling theories to best meet your needs. I collaborate with you to understand the struggles you face and how you can make the changes you desire. Please ask me any questions you may have about my theoretical orientation.

Together we will work to make positive changes in your life, working in a holistic manner that addresses the mind, body, emotions, and spirit.

**Services, Fees and Payment, Scheduling and Cancellations**

I offer individual therapy, as well as periodic workshops and therapy groups. My fee for individual psychotherapy is \$100 for an hour session. Payment is expected upon receipt of services. Receipts are provided upon request. Clients must call to cancel a session no less than 24 hours in advance or he/she will be charged the full fee. Appointments can be made by phone, email or face to face. Every effort will be made to return calls and emails within a 24 hour period of time. Messages left on Friday will be returned Monday morning. **I do not provide 24 hour emergency coverage.** If you have an emergency please call your local 24 hour crisis line listed in the front of your phone book, call 911 or head to your nearest emergency room. Please notify me when you can.

**Risks and the Therapeutic Process**

There are certain risks involved in therapy. Benefits for people who undertake counseling often include a reduction in feelings of distress, more satisfying relationships, increased clarity and resolution of specific problems. Growth nearly always brings change. You may gain new insights about yourself, which in turn may cause unresolved issues to surface, and/or affect areas of your life outside the therapy sessions. You may experience anxiety, discomfort and/or conflicted feelings. Every effort will be made to assist you to reach your therapeutic goals. If you have any concerns about your progress or the results of your counseling experience, please talk with me at any time during our work together.

**Outside of Therapy**

As your therapist I cannot have any other role in your life. I cannot, now or ever, be a close friend or socialize with my clients. I cannot have business relationships with any of my clients. As your therapist I cannot give you gifts, and I also ask that you refrain from giving gifts to me. If we meet by happenstance in outside circumstances I cannot acknowledge you unless you speak to me first. If we do speak, I will keep the conversation brief. My behavior will not be a personal reaction to you but a way to maintain the confidentiality of our relationship.

**Termination**

Termination will usually be agreed upon mutually, however, you are free to terminate at any time. In rare instances, it may be in my best clinical judgment to terminate services despite your wish to continue. These instances may include: treatment goals have been met, a need for special services outside the area of my competency and or failure to meet the terms of our fee agreement. Should this occur, the reason for termination will be discussed with you, and you will be helped to make different plans for yourself, including a referral to a more appropriate resource.

**Agreement and Acceptance**

Please ask for clarification or further information if necessary. By signing below, you confirm that you have read and understood the proceeding information and it has also been provided verbally. You agree to the stated terms, fees, and policies and understand your rights as a client.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Abby Schreiber, LPC

\_\_\_\_\_  
Date