

**2<sup>nd</sup> Star Counseling, LLC**  
www.2ndstarcounseling.com



**Kathryn Raley**  
**MA, NCC, LPCC**  
**BS Secondary Education, Language Arts**  
**Certificate counseling Youth and Adolescents**  
**Certificate Transpersonal Counseling**  
**720-515-8796**

**Sondermind Counseling**  
**(formally YOUUnique)**  
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### ***Client Rights Statement***

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 Registered Psychotherapist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. 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. **My license number is LPCC-0013615.**

### **Personal Statement**

Every person carries an innate desire for balance and wellness in their life. They also carry the ability to achieve these goals. I am dedicated to assisting you in this process. In an open and honest manner, I will work with you to find the answers to questions surrounding relationships, sadness and day to day intentional living. Using techniques from client-centered therapy, my belief is in growth realized through a relationship of realness, caring and listening. I see my approach as primarily analytical, attempting to create, using a symbolic approach, a dialectical relationship between consciousness and the unconscious. We can use dreams and imagery to increase awareness, as well as some body awareness for symptomatic relief. Play Therapy techniques encourage children in honest and open expression of emotion through the language of play.

- Registered psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.
- Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.
- Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.
- Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements.
- Licensed Social Worker must hold a master's degree in social work.

- 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.
- Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's 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.

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**

All information provided to me by you in our professional relationship is confidential except in the following circumstances: (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 treatment team of supervisors and colleagues. The purpose of consultation is to enhance my ability to help you, and these individuals are required to follow the same standards of confidentiality previously described.

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 of the Colorado Revised Statutes as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: <http://www.dora.state.co.us/mental-health/Statute.pdf>.

### **Electronic Media**

I will always do my best to maintain confidentiality in electronic media, such as VSee, email and telephone messages including but not restricted to voice and text messages. Unless expressly requested in writing by my client, electronic communication is to be used primarily for scheduling and logistics planning. Due to the nature of ever changing technology, 100% confidentiality is not guaranteed.

I reserve the right to keep notes electronically as well.

### **Cancellations**

Since I have reserved your appointment time exclusively for you, it is my policy to receive at least a 24 hour cancellation notice or you will be charged for the appointment. (Please see the attached credit card authorization form.) I will negotiate exceptions for emergencies such as severe weather or sudden illness on an individual, per time basis.

**Payment**

Payment for counseling services is expected at the beginning of our sessions unless otherwise specified. My fee is \$90 dollars. Proof of income is required to qualify for sliding scale openings. I accept cash, checks and most cards. If a check bounces, I expect the client to cover my cost (\$25.00) as well as reimburse the cost of the session.

In addition, the fee for being called to testify or share information in a court setting (such as write a letter or clinical report) is \$150 dollars per hour. When testifying, time is billed from the time I enter the court building to the time I leave. A court appearance is seldom beneficial to the therapeutic relationship, and I would like to discuss every other option first before committing to a court appearance.

I offer a discount for members and family in military service, and for seniors.

**Telephone Calls and Emergencies**

I am available to return business calls between 9am and 5 pm, Monday through Friday. Telephone communication should be primarily for scheduling and logistic communications and not therapy. If I am out of town, I will give you the name and phone number of the associate covering for me while I am gone. 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 or call 911.

**Agreement and Acceptance**

Please do not hesitate to ask for clarification or further information if necessary. By signing below, you confirm that you have read, understood the proceeding information, and that you agree to the stated terms, fees, and policies.

**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.

\_\_\_\_\_

Counselor

\_\_\_\_\_

Date

\_\_\_\_\_

Print Client’s Name

\_\_\_\_\_

Date

\_\_\_\_\_

Client’s or Responsible Party’s Signature

\_\_\_\_\_

Date

If signed by Responsible Party, please state relationship to client and authority to consent: