



Catherine Warnock, MA, LPC, NCC  
12835 E. Arapahoe Rd. Ste 2-440, Centennial, CO 80112  
720-663-0445  
catherine@mariposacounselingcenter.com  
www.mariposacounselingcenter.com

## Client/Counselor Agreement and Disclosure Statement

The state of Colorado requires that I provide the following items of information to you as a psychotherapy client:

**Business Address and Phone:** Mariposa Counseling Center, LLC, 12835 E. Arapahoe Rd. Ste 2-440, Centennial, CO 80112, 720-663-0445

### Degrees, Credentials, Licenses, Experience and Training:

- Bachelor of Science in Forensic Science, California State University, Sacramento
- Master of Arts in Counseling, Colorado State University, Denver
- Licensed Professional Counselor, Colorado license # LPC.0014234
- Certified Practitioner of Rapid Resolution Therapy, Level III
- Over 3 years of experience with adults in community and private practice mental health focusing on a wide range of mental health concerns and needs

**Approach to Therapy:** I cater my therapeutic methods to each individual or couples client(s). The therapeutic interventions I use most often include: Rapid Resolution Therapy (RRT), Solution Focused Therapy, Narrative Therapy, Trauma Informed Hypnotherapy, Attachment-based Therapy, Emotionally Focused Couples Therapy, Gottman's Couples Therapy, Experiential Therapy, and Mindfulness. I do my best to nurture a safe environment and encourage you to discuss with me any issues or concerns you have about the therapeutic process.

**Benefits/Risks of Therapy:** Psychotherapy is a process in which you and I discuss a variety of issues, events and experiences for the purpose of creating positive change so you can experience your life more fully. Participating in therapy may result in a number of benefits to you, including (but not limited to): reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. There is no guarantee that therapy will yield any or all of the benefits listed above. Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. The issues presented by you may result in unintended outcomes, including changes in personal relationships. Growth nearly always brings change, and sometimes change (even positive change) causes stress. During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events. Please address any concerns you have regarding your progress in therapy with me.

**Client Rights and Guidelines:** You are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure. You have the right to revoke consent, refuse treatment or terminate therapy at any time. You may obtain a second opinion from another therapist. In a professional relationship such as ours, sexual intimacy is never appropriate between a therapist and a client and it should be reported to the Department of Regulatory Agencies, Division of Professions and Occupations. You have the right to be treated with respect and recognition of your need for dignity. You have the right to actively participate with this therapist in creating a personalized plan for your treatment and to include other people as requested. You have the right to confidentiality and to expect that none of the information about your treatment will be given to anyone without your written consent, except as required by law. Should you participate in group therapy, it is necessary for you to agree to protect and respect the privacy of other group members. You need to agree not to share personal information, including the names of other group members, with people outside of the group. You may expect other group members to show you the same respect for your confidentiality. You have the right to inspect your records, or have them shown to anyone designated by you in writing. You have the right to request that I correct any errors in your file. You can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time. You are entitled to be informed of these rights and guidelines in a way that you understand them.



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**Confidentiality:** Generally speaking, the information provided by and to a client during therapy sessions is legally confidential and cannot be released without the client's consent per The Mental Health Practice Act (CRS 12-43-101, et seq.) Information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your written permission. As your therapist, I am legally prohibited from revealing to another person that you are in therapy with me, nor can I reveal what you have said to me in any way that identifies you without your written permission. However, in the following instances, your right to confidentiality must be set aside as required by law (section 12-43-218 of the Colorado Revised Statutes). I will do my best to identify these exceptions should the situation arise during treatment or in our professional relationship. When I encounter clients in a public venue, in order to protect your confidentiality, I will refrain from any contact unless you initiate contact first. Be aware that if you make contact, and I am with someone else, I may be asked to explain how I know you and this may inadvertently lead to some form of disclosure, just by the nature of my vague response.

**Limits of Confidentiality:**

1. If you, as a client, reveal a serious intent to harm yourself, I am ethically bound to do what I can to help maintain your safety, which may involve notifying others who may be of assistance.
2. Instances of actual or suspected physical or sexual abuse, emotional cruelty, or neglect of a child or an elder or dependent adult must be reported to the appropriate protective services.
3. If I have a reason to believe that a client poses an unavoidable and imminent danger of violence to another person, I may warn the intended victim and notify the proper authorities.
4. If you reveal a serious intent to harm any entity or if I perceive any suspected threat to national security, I must report this to federal officials.
5. If a judge orders my testimony or, in the context of a legal proceeding, you raise your own psychological state as an issue, I may be required to release your confidential information to the court.
6. If you are seeking reimbursement for counseling services through your insurance company, I may share relevant information with your insurance company per your request.
7. I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I do not reveal the identity of my client(s). The other professionals are also legally bound to keep the information confidential.
8. If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
9. If collection proceedings occur, I may disclose relevant information for the purposes of obtaining payment.
10. If you are in couple therapy with me, my policy is to maintain no secrets between partners. If you and your partner decide to have some individual sessions as part of the couples therapy, what you say in those individual sessions can and probably will be discussed in our joint sessions. Do not tell me anything you wish kept secret from your partner.

In all of the above cases, it is incumbent upon me to release only that information necessary to appropriately carry out my responsibilities. Your confidentiality remains an ethical priority for me.

**Appointments:** Your appointment time is reserved especially for you and is guaranteed by maintaining a Credit Card Authorization Form on file. If you arrive late for a session, you are still responsible for the total fee of the session and time will still end as usual. If you do not show up for an appointment and you do not cancel, you will be charged the full session fee.

**Cancellations:** Cancellations must be made 24 hours in advance; otherwise, you may be responsible for the full fee of the session. Cancellations made with less than 24-hour notice are charged between \$50 and the full fee. I will negotiate exceptions for emergencies such as severe weather or sudden illness on a per incident basis.

**Payment and Fee Information:** My standard fee for psychotherapy is \$125 per 50-minute session and for RRT is \$200 per hour (The first RRT session is usually 2 hours for a total fee of \$400). Sliding scale is available for those with financial need that schedule on-going appointment ( $\geq 2$  times per month). Session times can be extended when needed and charged



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accordingly in 15-minute increments. I charge the same rate (psychotherapy rate) for any other professional services you may need and I will break down the hourly rate in increments of 15 minutes. Other services include report writing, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other professional service you may request of me. Payment is expected at the time of service (unless, otherwise agreed upon) and may be made in cash, check, or credit/debit (Visa, Mastercard, American Express, and Discover). If checks are returned due to insufficient funds, a \$35 fee will be charged to you.

\_\_\_\_\_ rate for 50-min psychotherapy \_\_\_\_\_ hourly rate for RRT

**Fees for Legal Proceedings:** If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation, transportation costs, and courtroom waiting, even if I am called to testify by another party. Because of the difficulty of legal involvement, my professional fees for participation in legal proceedings are \$200 per hour.

**Insurance:** I do not accept insurance and am an “out-of-network” provider. You are responsible for your bill and for recovering any insurance reimbursement your insurance company may offer you. Upon request, I can supply you with a monthly billing statement for each visit for proof of payment; you can then submit this to your insurance company. We do not directly bill insurance companies and do not accept insurance deductibles and/or co-payments. You are responsible for payment of all fees even if you plan to seek insurance reimbursement.

**Electronic Communications:** If you agree to communicate via electronic communications such as telephone, text or email, or any other electronic method of communication, I cannot guarantee that those communications will remain confidential due to the nature of such technology or unauthorized monitoring. Emails I send are not encrypted. However, confidentiality does extend to those electronic communications. Also, you agree and understand that for this reason, electronic communications are for business-related or logistical communications, such as scheduling and confirming appointment details and times, and NOT as a means of therapy.

**Records:** You understand that I will keep a record about the sessions and interactions between you and me. Your records will be stored safely with attention to your privacy. They can only be released with your written permission and direction. I may sometimes summarize the content related to the request rather than release the entire record. If you choose to read your record, it is my policy to be present in order to respond to any questions or confusion you may have about the recordings. I will maintain client’s records for seven years following termination of therapy.

**Telephone Calls and Emails:** Due to the nature of my work, I am usually not immediately available by telephone. I keep my phone on silent so as not to interrupt my therapy sessions. If you need to reach me for non-emergent reasons outside of our scheduled sessions, you can leave me a message, or preferably text me, at 720-663-0445. You may also send me an email at catherine@mariposacounselingcenter.com. I do my best to return messages with 24 hours. I do not generally return phone calls or emails during the evenings, nights, weekends or when I am on vacation. I do not charge for brief conversations but any discussion (phone, text or email) that requires more than 10 minutes will be billed to you on a prorated basis of my fee in 15 minute increments.

**Emergencies:** I provide non-emergency psychotherapy services by scheduled appointment. As a solo practitioner in independent practice, I am unable to provide extensive or ongoing emergency care. I do not provide 24-hour emergency coverage. If you have an emergency or believe that you cannot keep yourself safe, please call Rocky Mountain Crisis Partners at 1-844-493-TALK(8255), call 911 or go to the nearest available emergency room.

**Concerns or Complaints:** If you are unhappy with what is happening in therapy, I hope you will talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. The practice of licensed or



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registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations or DORA. Any questions, concerns, or complaints regarding counseling services may be directed to: DORA at (303) 894.7800, 1560 Broadway, #1350, Denver, CO 80202 and online at [www.dora.state.co.us/mental-health/mft](http://www.dora.state.co.us/mental-health/mft)

**Other Policies and Information:**

- I do not have social relationships with clients as dual relationships can be detrimental to the client-counselor relationship and are highly unethical.
- Due to ethical guidelines, I cannot connect with you on any social media and will not accept any requests to connect.
- If you do choose to refer my services to a friend or offer a testimonial, your privacy and confidentiality is my priority. Referrals are always greatly appreciated.
- If I determine that I do not have the training and/or skills necessary to address your specific issues, I will inform you of this fact and refer you to another therapist who can better meet your needs.
- If you discontinue therapy without formally stating it to me, I may call or email you once or twice to follow up and check in. The purpose is to give you as much support as possible. You have every right to simply not respond.
- If you verbally or physically threaten or exhibit violence towards myself, the office, any of my clients, staff or my family, I reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.
- There may be times when I may need to consult with a colleague or another professional, like an attorney, about issues raised in therapy. Confidentiality is still protected during consultation by me and the professional consulted. I will not disclose any identifying personal information.

**ACKNOWLEDGEMENTS:**

I have received a copy of the HIPAA Notice of Privacy Practices \_\_\_\_\_ **Client Initials**

I have received a copy of this Client/Therapist Agreement and Disclosure Statement \_\_\_\_\_ **Client Initials**

**Agreement, Acceptance, and Consent:**

My signature below indicates that I have read the preceding information. I understand my rights and responsibilities as a client. I have had an opportunity to ask questions and I agree to abide by the terms specified in the document.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Counselor, Catherine Warnock

\_\_\_\_\_  
Date

**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.