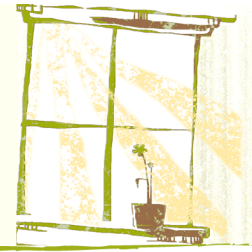


Refresh Counseling

Nikki Kennedy, MA, NCC
303.829.5154

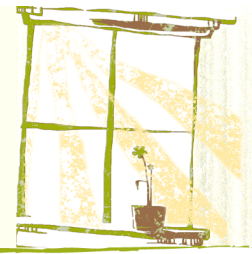


Counseling Disclosure Statement

1. I received a Master of Arts in Counseling degree from Denver Seminary.
2. I am an independent practitioner. Although I share office and suite space with other practitioners, we are not in partnership together. We are not practicing in association with one another and we do not supervise each other's work.
3. The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of counseling. The agency within the Department that has this responsibility is the State Grievance Board, 1560 Broadway, Suite #1350, Denver, Colorado, 80202, (303) 894-7766.
4. It is important that you know the following information:
 - a) You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy, and our fee structure. Please ask if you would like to receive this information.
 - b) You can seek a second opinion from another therapist or terminate therapy at any time.
 - c) In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section.
5. Generally speaking, information provided by and to a client during therapy sessions is ethically confidential. This information is also legally confidential and cannot be disclosed without the client's consent. There are exceptions to this confidentiality. The exceptions are listed below and also reported in Colorado Statutes (C.R.S. 12-43-218.)
 - I am required by law to report any child who is physically or sexually abused to the County Child Protection Services. Additionally, if individuals become dangerous to themselves or others, or are incapable of caring for oneself, confidentiality will be broken in order to arrange for appropriate care.
 - When I consult with parents regarding minor children, specific content of the therapy session with children or adolescents will be held in confidence unless their welfare requires that the parent(s) have access to such information. In most cases, joint meetings between children and/or adolescents and parents and the therapist will be arranged as part of the therapy process.

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6. All records about your counseling will be confidential. In order to provide the best care possible, your counseling sessions will be reviewed in individual supervision as long as I am an unlicensed therapist. I am supervised by:
 - Gary Johnson, PH.D, M.Div, LPC
 - Brenda Ramer, RN, LPC
7. Each individual therapy session is 50 minutes and each couple or family session is 90 minutes. This time is reserved for you. If you need to change or cancel an appointment, please do so at least 24 hours in advance by calling 303-829-5154 and leave a message for me. If you do not show up for an appointment and do not call ahead of time, I will wait thirty minutes past the scheduled time. You will be charged for the session if you do not give me proper notice.
8. My fee for each individual session is \$75.00 and \$100.00 for couples or families. Payment will be collected each time we meet.
9. In an emergency, please call 911, the nearest emergency room, or the mental health clinic in your county. The Boulder county mental health clinic phone number is (303) 447-1665 or (303) 413-6388 for those under 18.

I have read the preceding information and understand my rights as a client.

_____ Date: _____
Client #1 Signature (Parent or Guardian for a Minor)

_____ Date: _____
Client #2 Signature

_____ Date: _____
Counselor Signature

I have read the HIPAA agreement and have been offered a copy if I would like one.

_____ Date: _____