



Undaunted Counseling Services  
9395 S Yosemite Street, Suite 357, Lone Tree, CO 80124  
720-449-6884

## **PRACTICE POLICIES**

### *APPOINTMENTS AND CANCELLATIONS*

Please remember to cancel or reschedule 24 hours in advance. You will be responsible for the entire fee if cancellation is less than 24 hours.

The standard meeting time for psychotherapy is 50 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 50-minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

A \$10.00 service charge will be charged for any checks returned for any reason for special handling.

Cancellations will be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

Clients may request to reschedule their appointment up to 24 hours in advance. If it appears as though clients are abusing the rescheduling grace period, the therapist reserves the right to charge the client in full for any rescheduled appointments. This will not be done without notice.

### *TELEPHONE ACCESSIBILITY*

If you need to contact me between sessions, please leave a message on my voicemail. I am often not immediately available; however, I will attempt to return your call within 24 hours. Please note that Face- to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick, or need additional support, phone sessions are available. If a true emergency situation arises, please call 911 or any local emergency room.

## *SOCIAL MEDIA AND TELECOMMUNICATION*

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Instagram, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

## *ELECTRONIC COMMUNICATION*

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies unless discussed prior to doing so.

Services by electronic means, including but not limited to telephone communication and internet video communication under State of Colorado law. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that:

(1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. (2) All existing confidentiality protections are equally applicable.

(3) Your access to all medical information obtained during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.

(4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.

(5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy

mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist.

### *MINORS*

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

### *THERAPY METHODS*

I may employ or recommend various treatment tools by matching suitable clinical methods to the needs of specific cases. There are contributions from many different sources, and I use these methods according to whether they are valid, applicable and indicated. Therefore, you may expect therapy catered to your specific goals. You are entitled to receive information about the methods of therapy, the techniques used, and the duration of your therapy (if known), and fee structure. You can seek a second opinion from another therapist or terminate therapy at any time. We will make periodic reviews of progress towards the goals we set together.

### *EMERGENCIES*

In an emergency, please go to your nearest emergency room or call 911. Megan will respond to urgent calls during off-hours, but does not provide Emergency/crisis support. It is understandably necessary that clients use this service in a respectful and responsible manner. Megan will also ensure to liaise with any staff of any inpatient psychiatric clinic you have authorized to speak with her.

### *SEXUAL INTIMACY*

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. The therapeutic relationship is considered a professional one for the duration of the client and therapist's lives.

### *NO SECRETS POLICY*

When a family is in therapy, it is my mission to empower individuals to accomplish the family's goals. Please understand that in marriage and family counseling, I hold a "NO SECRETS" policy. All members of the couple or family system are treated equally, and "secrets" are not kept by the psychotherapist that require differential or discriminatory treatment of family members. Please understand that any information shared in individual therapy MUST be also shared in couple or family therapy to ensure this "NO SECRETS" policy. Signing this disclosure statement affirms permission to share this confidential information.

*REGARDING DIVORCE AND CUSTODY LITIGATION*

If you are involved in divorce or custody litigation, my role as a therapist is NOT to make recommendations to the court concerning decision making or parenting time allocation. By signing this Disclosure Statement, you agree not to subpoena me to court for testimony or for disclosure of treatment information in such litigation; and you agree not to request I write any reports to the court or to your attorney making recommendations concerning this. The court may appoint professionals, who have no prior relationship with family members, as appropriate

*TERMINATION*

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for four consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

\_\_\_\_\_  
Client Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if client is under 15 years of age)

\_\_\_\_\_  
Date