

Kindred Counseling, PLLC
Brittini Fudge, MA, NCC, LPCC
hello@kindred-counseling.com

- BA in Journalism from Miami University (2006)
- BA in Education from Miami University (2006)
- MA in Clinical Counseling & School Counseling from University of Northern Colorado (2012) -
- National Certified Counselor (NLC.0013874)
- Licensed Professional Counselor Candidate (LPCC.0013906)

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 Licensed Professional Counselors can be reached at 1560 Broadway, Suite 110, Denver, Colorado 80202, (303) 894-7855. As to the regulatory requirements applicable to mental health professionals:

- A Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision.

Client Rights and Important Information:

1. You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy (if known), and the fee structure.
2. You can seek a second opinion from another therapist or terminate therapy at any time.
3. 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.
4. In therapy with children and adolescents, your child still has a right to confidentiality. However, parents/guardians do need to be informed of their child's progress and of any concerns. Information will be relayed to parents/guardians as appropriate, depending on the child's age.
5. EMERGENCIES - Your therapist provides non-emergency psychotherapeutic services by scheduled appointment only. If your therapist believes your issues are above her level of competence, or outside of her scope of practice, she is legally required to refer, terminate, or consult. If, for any reason, you are unable to contact your therapist by

telephone and you are having an emergency, you will call 911 or check yourself (or your child) into the nearest hospital emergency room.

6. I understand that the therapist will keep a record about the sessions and the interactions between the therapist and the client.

7. I understand that the therapist is required by law to report any suspected child or elder abuse, or serious threats of harm to myself or another person, to the proper authorities. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor or a registered psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent. Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor or a registered psychotherapist is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates.

There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S. There are exceptions that I will identify to you as the situations arise during therapy.

6. If any client of Brittnei Fudge, NCC, LPCC's decides, for whatever reason to terminate therapy without notification, the client will be officially released as a client after 30 days unless otherwise notified. Any client is free to re-establish the therapist-client relationship after termination at any time which he or she sees fit.

7. My standard rate for individual sessions is \$140 and \$160 for couples sessions. I do have a limited number of reduced fee slots based on availability. Payment is expected at the beginning of every session unless other arrangements have been specifically agreed to in writing. Many insurance companies will reimburse a portion of fees for out-of-network providers. I will provide a bill that can be submitted to your insurance company, but it is your responsibility to work with your insurance company regarding any reimbursements. Please refer to #12 for more information.

8. All appointments not canceled 24 hours in advance will be billed at the full session fee.

9. If you can benefit from a treatment or therapy that I cannot provide, I can try to help connect you with necessary resources. If for any reason my treatment is not benefitting you, I cannot ethically continue to see you as a client, and will make appropriate referrals if needed.

10. I cannot guarantee confidentiality when you and I communicate electronically via email due to the risks of technology failure or unauthorized monitoring. For this reason, I will only communicate via email to set up an initial phone consultation and to confirm/clarify meeting details and times and not as a means of therapy.

11. When working with individuals, you may choose to invite your partner, family member, or other significant person to session from time to time. Without signing his or her own consent, and without your signature on a release of information form, this person will not be my client and my confidentiality will remain with you as my client.

12. If you choose to use your health insurance to pay for part of my fees, insurance companies or managed care organizations will ask for information about you and your symptoms, as well as a detailed treatment plan. Please keep in mind that if you decide to use out-of-network insurance benefits for part of your treatment:

a. I cannot tell you what your particular plan covers and have no role in deciding what is covered.

b. You are responsible for your payment. I do not bill insurance companies for your reimbursement or my fees. You can contact your insurance company directly to see what their process is for out-of-network claims, and can attach my statement with your claim form.

13. If you ever become involved in a custody dispute or divorce, I will not provide evaluations or expert testimony in court. You should contact and hire a mental health professional that can help you with any evaluations or testimony that you need. This is for two reasons: 1, my statements will be seen as biased in your favor because we have a relationship as therapist and client, and 2, our relationship may be affected by the testimony, and my relationship with you as a client is first and foremost. By signing this document, you are acknowledging your understanding and agreement of my stance on this issue.

Before signing this document, please make sure that if you have any questions or would like additional information to ask me in person, by phone at 303-868-4207 or by email* at hello@kindred-counseling.com.

*Please note: I cannot guarantee confidentiality when communicating through email.

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

Client Signature

Date

Therapist Signature

Date

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