



Brittini Fudge, MA, NCC, LPC of Kindred Counseling, PLLC

679 Grant St. Denver, CO 80203

Email: hello@kindred-counseling.com

Phone: 303-868-4207

AGREEMENT FOR SERVICE / MANDATORY DISCLOSURE STATEMENT

This Agreement is intended to provide _____ with important information regarding the practices, policies and procedures of Brittini Fudge, MA, NCC, LPCC of Kindred Counseling, PLLC, and to clarify the terms of the professional therapeutic relationship between you and I. Any questions or concerns regarding this Agreement should be discussed with me prior to signing it.

About Brittini

I have experience working with individuals struggling with depression, anxiety, adjustment issues, self-esteem, self-harm, marriage difficulties, adjusting to becoming a parent, loss, body image and eating disorders. My parent coaching pulls from my experience as a licensed school counselor, a SENG (Social Emotional Needs of the Gifted) Certified Counselor, as well as experience with parenting a child with Sensory Processing Disorder.

- 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
- Registered Psychotherapist in Colorado (NLC.0013874)
- Licensed Professional Counselor Candidate (LPCC.0013906)
- Gottman Method trained couples therapist (2017)
- Post-Induction Therapy trained therapist (2017)
- Trauma Informed Care Certificate (2016)
- Social Emotional Needs of the Gifted Certified Counselor (2014)
- Bully Prevention Specialist (ASCA, 2014)
- Love & Logic facilitator (2012)
- Member of American Counseling Association
- EMDR trained (2018)
- Post-Induction Therapy Trained (2017)
- Experience: Love & Logic facilitator/Parenting Educator (2012), Eating Disorder Center of Denver (2012); Mental Health Therapist at Johnson & Wales University (2015 - current); Therapist in Private Practice (2016 -current), completed Trauma Informed Care certificate (2016), creator and facilitator of Connected Parenting Workshops (2017).
- Therapist is under professional supervision, see below for more information.

Professional Consultation & Supervision

I consult with other Licensed Professional Counselors. This practice upholds the highest ethical standards for you as a client and complies with the laws of Colorado. I *confidentially* discuss our sessions with this supervisor for the purpose of my clinical growth as a therapist. I want you to know that I will take precautionary measures to protect your confidentiality. For instance, I will not reveal your name or other identifying information unless I believe you are in danger. I participate in monthly group supervision and individual supervision with a variety of experienced therapists to ensure the greatest quality of care for you, *where non-identifying information may be shared for growth among therapists.*

I currently consult with Michelle D'Arcy, MA, LCSW, CADCI, who can be reached at 303-427-9328. Your signature on this document indicates your permission for my consultation of your case with Ms. D'Arcy.

DORA Information

It's normal in any relationship for individuals to misunderstand each other from time to time. Should you or I ever do something to upset or offend each other, this document is our agreement that our relationship is important and that we will work toward mutual understanding. Should you find that you are unable to resolve any issues you have with me after a conversation with me, you may speak directly with my supervisor (whose information is listed above). And, if you are unable to reach a satisfactory resolution with her, you are also able to file a complaint against me with the Mental Health Licensing Section of the Division of Registrations. They can be reached at 1560 Broadway, Suite 110, Denver, Colorado 80202, (303) 894-7855.

Risks and Benefits of Therapy

Participating in therapy is a courageous process that involves both risks and benefits. It is important to understand that I cannot promise or guarantee that you will feel better or that you will solve your problems during therapy. This is due to the complexity of human behavior, as well as each client's varying degrees of readiness and motivation for change.

Some clients report that they feel worse before they start to feel better during the therapeutic process. While I will work to ensure feelings can be explored and processed in a safe and supportive environment, sessions may evoke some discomfort from exploring unpleasant past events, feelings, and experiences. There may be times in which I will challenge your perceptions and assumptions, and offer different perspectives. Strong feelings of sadness, regret, anger, fear, etc. may come up throughout the therapy process. The issues you present may result in unintended outcomes, including changes in personal relationships. You should be aware that any changes in your personal relationships are your responsibility.

The process of personal growth can vary from easy to slow and frustrating. Progress and success may vary upon the particular problems and issues being addressed, as well as many other factors. Growth often brings change, and sometimes change—even positive change—causes stress. If you have any concerns about your progress or the results of your counseling experience, please talk to me at any time during our work together.

Alongside these risks are many opportunities for growth, healing, and empowerment. Benefits of counseling often include less negative thoughts and feelings, less stress, decreased anxiety, improved relationships, more self-care and self-confidence, and resolution of identified problems. In general, such benefits are possible when you are actively involved in the therapeutic process by being honest and open both with yourself and with me, as well as your willingness to attempt a change in thoughts and behaviors.

Clinical Services

Brittni Fudge of Kindred Counseling, PLLC provides the following clinical services:

- Individual Therapy
 - The therapeutic process can offer emotional support, guidance, and problem-solving skills, while promoting healthy coping strategies for issues such as anxiety, depression, relationship difficulties, issues from childhood, grief, trauma, stress management, parenting concerns and emotional blocks.
- Couples Therapy
 - Couples therapy is similar to individual therapy. The focus of couples therapy is to identify distress in the relationship while working together to set goals that will restore the relationship. Through couples therapy, you can make thoughtful decisions about rebuilding your relationship or going your separate ways.
- Post-Induction Therapy (PIT)
 - PIT is designed to heal relational trauma and developmental immaturity. The premise of PIT is that childhood trauma, including child abuse and neglect, is the origin of developmental immaturity. This model of therapy is educational and experiential, leading to lasting change for clients. *When working in this model, some 90 minute sessions are required to ensure complete relief from your symptoms.*
- EMDR (Eye Movement Desensitization and Reprocessing)
 - EMDR is a simple but efficient therapy using bilateral stimulation (BLS) — tapping, auditory tones or eye movements — to accelerate the brain's capacity to process and heal a troubling memory. BLS, which occurs naturally during dream sleep, causes the two brain parts to work together to reintegrate the memory. Some clients experience relief or positive effects in just a few sessions. EMDR is effective in alleviating trauma-related symptoms, whether the traumatic event occurred many years ago or yesterday. It gives desired results —with little talking, without using drugs, and requires no “homework” between sessions. *When working in this model, some 90 minute sessions are required to ensure complete relief from your symptoms.*
- In-Home Therapy
 - In-Home Therapy is available for Individual, Couples, or Family Therapy and takes place in your home rather than in an office setting. In-Home Therapy can be appropriate for people who would otherwise have a difficult time accessing therapy. For example, this may be a great fit for a parent who can't find child care but can meet during their child's nap.
- Walk+Talk Therapy
 - Walk+Talk Therapy joins two of the best tools for wellness: walking in nature and a therapy session using research backed modalities. We could go for a walk on a walking path where we can talk openly and with confidence that we will not be overheard during the session. At its core, Walk + Talk therapy is an individual therapy session, but many clients report the ability to get outside and get moving an added bonus. See below for more information.
- Parent Coaching

- These sessions can take place over the phone, on a HIPAA secure video conference platform, or in person. The focus of the session is geared towards addressing issues such as tantrums, difficulty with transitions, going to bed, getting out the door, power struggles, discipline, chores, and behavior issues. Addressing these issues through the lens of a therapist combined with tools pulled from Love & Logic and other reputable resources often yields stronger parent/child and spouse/partner relationships. In addition, I can help with school related issues and assist you in advocating for your child through my former school counselor lens.
- You should understand that while Parent Coaching is referred to as ‘coaching,’ I will still conduct myself as a therapist working within the realms of the American Counseling Association Code of Ethics. There are benefits of this to you: this ensures your confidentiality is protected. Also, when you engage in coaching with a therapist, you get the added benefit of my additional studies, experience, and an additional layer of accountability and commitment.

Walk + Talk Therapy

Walk+Talk Therapy is an option in some instances when I believe it will be beneficial to the therapeutic process. The therapy session takes place while on a walk in the community.

Limitation of Liability: Providing services in residential and community settings presents unique risks. You shall indemnify and hold harmless Brittini Fudge, MA, NCC, LPCC or Kindred Counseling, PLLC for any injury, up to and including death, to the client or any other individual relating to or resulting from the following circumstances:

Physical Safety: I will endeavor to maintaining physical safety through the session and coach you, whenever possible, to make safe choices. I do not accept responsibility nor liability for physical injuries, up to and including death, sustained during the session in your home, and in the community during a Walk+Talk session. This section shall survive the termination of this Agreement.

Confidentiality:

Together, you and I will make every effort to maintain your confidentiality while out in the community or during in-home sessions. This will be a shared responsibility between us, wherein we will be mindful of our surroundings and mindful of what is said when others are within earshot. I want you to understand that in-home sessions and Walk+Talk sessions are unique settings where I may not be able to control if other people hear what is said during a session.

Therapist Theoretical Orientation, Counseling Approach & Client Expectations

Counseling Approach: I believe that the counseling process is based on a collaborative relationship between you and I. I see our counseling relationship as one in which you are in charge of setting your own goals and I am privileged to help you. The goals of therapy are different for each client and will be discussed individually during the first session. It is important to understand that the therapeutic process often involves examining your family and upbringing along with your relational patterns and ways of communicating with others. To this end, I do not believe counseling is a quick-fix to problems. It is my goal to guide you towards new ways of thinking, coping, and behaving in a way that meets your goals. Accordingly, it is ideal that you will outgrow me at some point when you feel you can cope on your own. Before terminating, we will make a plan for how to go forward while also reviewing all that you

have learned and achieved, and outlining future goals. Please see the termination section below for more information about termination.

Theoretical Orientation: I draw from Solution-Focused Brief Therapy, Acceptance and Commitment Therapy, Cognitive Behavioral Therapy, and Family Systems. Essentially, I work with clients to improve thoughts as a means to change behaviors, cope with life circumstances, and create meaning in one's life through the use of assisting the client in making values-based decisions. This broad range of influences allows me to cater the counseling process to a client's individual goals.

I also use the Post Induction Therapy model, which involves education (reading recommended books), written work, and experiential healing work that sometimes requires 90 minute sessions.

I also employ such techniques as Walk+Talk Therapy, completing a genogram, journaling, Gestalt exercises, suggested readings or worksheets for homework, and relaxation exercises. I expect you to communicate your willingness and comfort level regarding interventions and homework assignments.

Client Expectations: All of our interactions are a part of the therapeutic process. Outside of sessions, I expect you to be on time for each session and to pay the session fee at the beginning of each session. I expect you to communicate within the realm of the guidelines outlined in the Social Media policy, paying special attention to the use of email and texting for communication.

While in session, I expect you to be honest with me, to give me feedback about how therapy is going, and to communicate with me regarding the pace and your comfort level with therapy.

Therapist And Client Relationship/Explanation of Dual Relationship

Because of the nature of therapy, our professional therapeutic relationship has to be different from most other relationships. In order to protect the integrity of the counseling process, the therapeutic relationship must remain solely that of Therapist and Client. This means that I cannot be your friend (this includes social media and social interactions). I cannot have any type of business relationship with you other than the counseling relationship (i.e. I cannot hire you, lend to or borrow from you; trade or barter for services in exchange for counseling; or receive gifts from clients).

I cannot have any kind of romantic or sexual relationship with a former or current client, or any other people close to a client. In a professional relationship, such as ours, sexual intimacy is never appropriate and is also illegal in Colorado. If sexual intimacy occurs between a therapist and client, it should be reported to the State Grievance Board immediately. If you or I violate these boundaries, termination of therapy and referral to another provider will be the probable result.

Records and Record Keeping

I may take notes during session, and will also produce other notes and records regarding your treatment. These notes constitute my clinical and business records, which by law, I am required to maintain. Such records are the sole property of Kindred Counseling, PLLC. I will not alter my normal record keeping process at the request of any client. ***I sometimes take notes during session to aid my memory. I also transcribe my notes on my personal laptop, which is password protected. This note will then be printed out and stored in a locked file cabinet. Your signature on this document indicates your understanding and permission of these practices.***

Should you request a copy of my records, such a request must be made in writing. I reserve the right, under Colorado law, to provide you with a treatment summary in lieu of actual records. I also reserve the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Because they are professional records, they can be misinterpreted and/or upsetting to untrained readers; therefore I recommend that you initially review them in my presence or have them forwarded to another mental health professional so you can discuss the content. If I refuse your request for access to your records, you have a right of review which I will discuss with you upon request. I will maintain your records for seven years following termination of therapy. However, after seven years, your records will be destroyed in a manner that preserves your confidentiality.

Procedures for Appointments

You may schedule an initial appointment with me by calling me at 303-868-4207 (preferred), or by sending an email to hello@kindred-counseling.com. In the event that you must cancel your scheduled appointment, you may do so by calling me. If the cancellation is within 24 hours of the appointment, the session fee will be charged. Please note that insurance will not cover the fee for a no-show, cancellation, or other non-counseling costs; this will be the responsibility of the client to pay in full.

After the first appointment, you will have the opportunity to schedule your next appointment in person at the end of each session, or we can set up recurring or standing appointments if you wish.

Length and Number of Sessions

Counseling is most effective if carried out on a regularly scheduled basis, and with adherence to strict boundaries of time and space. Sessions start and end exactly at the scheduled time. **Your first intake session is scheduled for 75 minutes to allow time for me to thoroughly understand your reasons for coming to therapy while also gaining a brief history. Subsequent therapy sessions are scheduled for 50 minutes, unless a longer time is negotiated.** Couples/family sessions may be scheduled for 75 minutes. There are some sessions that require a longer processing time and will be scheduled for 90 minutes. We will talk about this in advance and you will be charged according to the fees listed below. Please see fee information below.

If you are late for an appointment, you will have the remainder of the scheduled hour available to you; we will not run over the scheduled time. If I begin a session late, I will either see you for a full 50 minutes, charge you a prorated fee, or schedule a subsequent, and proportionately longer, session. If you need to cancel an appointment, please do so 24 hours in advance to avoid being charged. If you miss an appointment due to unusual circumstances, feel free to discuss this with me. While I don't expect this to happen, please note that should I ever miss an appointment without prior notification, I will see you at your next appointment free of charge. This would be a very rare occurrence due to an emergency that is out of my control.

Fees and Payments

You are expected to pay for services at the time services are rendered. I accept credit cards, cash (exact change only), or checks made to Kindred Counseling, PLLC. I will collect payment *at the beginning* of each session.

Ultimate responsibility for payment is with you. Once an appointment is scheduled, you will be expected to pay for it unless: 1) you provide 24 hours advance notice of cancellation; or 2) there is an emergency situation that we both agree you were unable to attend due to circumstances beyond your control.

In addition, I request that you fill out a “Credit Card Authorization” form to keep in your file. This will allow your credit card to be charged for late-cancellations and no-shows.

What to Expect

When you arrive to my Cap Hill office, you may use the door code 6791 to enter the building. If you arrive before your scheduled appointment time, you may wait in the waiting room and I will come greet you at your scheduled appointment time. If you arrive after your scheduled appointment time, please feel free to walk up the stairs to my office.

We will protect the vital last few minutes of your session to reflect on what you've learned during that session. To ensure this is possible, we will get the logistics out of the way at the *beginning* of your appointment by paying and scheduling your next appointment at the beginning.

Insurance:

I am not a medicaid provider. If you are on medicaid, I cannot treat you.

I am an out of network provider. Full payment must be made at the conclusion of each session. 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.

I will provide a receipt that you can submit for reimbursement.

Fees:

- Individual Intake/1st session 75 minutes: \$155
- Couples Intake/1st session 75 minutes: \$165
- Individual Therapy 50 minute session: \$130
- Couples Therapy 50 minute session: \$150
- 75 minute Individual session: \$155
- 90 minute Individual session: \$195
- 75 minute Couples session: \$165
- 90 minute Individual session: \$225
- Gottman Relationship Check Up: \$130

Other Fees:

- Returned check fee: \$25
- Travel Fee: A travel fee of \$50 will be charged for in-home or Walk+Talk sessions outside of a 10 mile radius of 80238. Note that insurance will not reimburse for travel fees and these fees are your responsibility.
- Complex Paperwork: \$60
- Simple Paperwork: \$20
- Copying charge for records: \$1/page
- Phone Contact 15-30 minutes: \$50
- Phone Contact 30 - 45 minutes: \$100
- Phone Contact 45 - 60 minutes: \$130
- Court appearances:
 - Consultations with attorneys and social services: \$450/hour
 - Any reports or prep that I might need to complete for court appearances: \$300/hour
 - Time spent in court appearances, court attendance, mediation proceedings, depositions or as an expert witness: \$500/hour
 - Travel time: \$50/30 minutes travel time from 80238
 - Phone calls with the court, probation, parole, mediation or other court-related professionals: 15-30 minutes: \$50; 30 - 45 minutes: \$100; 45 - 60 minutes: \$130

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

Other: Missed appointments, court ordered evaluations, completion of forms for attorney or employers, court appearance, copies of records, letters, or any other type of reports are not covered by your insurance and the charges associated with them are your responsibility. I will require payment in advance for these services.

Disclosure Regarding Divorce and Custody Litigation

If you ever become involved in a custody dispute or divorce, my role as your therapist is not to provide evaluations or expert testimony in court concerning custody or parenting issues, which would constitute a dual relationship (see above for more information on dual relationships). 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 my testimony, and my relationship with you as a client is first and foremost. The court can appoint professionals who have no prior relationship with the family members, to conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family's children.

By signing this document, you are acknowledging your understanding and agreement of my stance on this issue; and you agree not to request that I write any reports to the court or to your attorney making recommendations concerning custody.

Confidentiality

Generally speaking, the information provided by and to you as the client during the therapy sessions is legally confidential. Since the information is legally confidential, I cannot be forced to disclose any of your information without your consent. Information disclosed to me 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. **Confidentiality may also be waived in the following cases: any case in which the mental or emotional health of a party is an issue, sexual exploitation by a mental health professional, criminal cases, fee disputes, malpractice actions, licensing board cases, imminent physical or emotional danger of the client or a third party, if ordered by a court to do so. Additionally, confidentiality may be waived in the event of child custody cases, any case where the physical abuse and/or neglect of a child, elder, or any individual who is physically or mentally disabled, including any past or present sexual contact with a minor.** All therapists are required by law to report such instances to the Denver Department of Social Services.

Additionally, I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or to others, or who is gravely disabled, as a result of a mental disorder. In the event of imminent danger to yourself or another person, I am required by law, to protect you, which may result in you being hospitalized, and I have a duty to warn anyone who may be in imminent danger as a result of your threats or frame of mind.

I am required to report any suspected threat to national security to my supervisor, who will decide on what, if any, further action is required, which may include alerting police or federal officials in some instances.

Minors

If you are under eighteen years of age, please be aware that the law gives your parents or guardians the right to obtain information about your treatment and/or examine your treatment records. I will do my best to be respectful about the amount and type of information shared with your parents/guardians. My priority is always to honor and nurture your trust in me and in our therapeutic relationship. I will strive to preserve the integrity of our professional relationship in my consultations with parents, but will need to report to them any serious concerns or feelings that there is a high risk that you will seriously harm yourself or another/others. Before providing them any verbal or written information, I will discuss the matter with you if possible. I will do the best I can to resolve any differences that you and I may have about what I am prepared to discuss.

Extraordinary Events & Absences

In the case that I become disabled, die, or am away on an extended leave of absence (hereinafter “extraordinary event”) the following Mental Health Designee will have access to my client files: Tamara Suttle, LPC (303-660-4989). If I am unable to contact you prior to the extraordinary event occurring, the Mental Health Professional Designee will contact you. Please let me know if you are not comfortable with the above listed Mental Health Professional Designee and I will discuss possible alternatives.

The purpose of the Mental Health Professional Designee is to continue your care and treatment with the least amount of disruption as possible. You are not required to use Mental Health Professional Designee for therapy services, but Mental Health Professional Designee can offer you referrals and transfer your client record, if requested.

Client Needs After Hours

You can leave a voice mail for any non-emergency needs after hours (please see below regarding emergencies). Non-emergent matters will be discussed during the next scheduled appointment. I will make every effort to return non-emergency calls within 24 hours.

Termination of Therapy

It is impossible to guarantee any specific results regarding your counseling goals, but we will work together to achieve the best results possible. At the end of this session we will decide if we want to enter a counseling relationship. If we both agree to begin a counseling relationship, you will sign, date, and keep a copy of this informed consent, and I will be considered your therapist until termination occurs or until I have not seen you in session for more than 4 weeks from the date of our last session.

Your decision to choose to enter counseling is a voluntary one and you may terminate it at any time. If at some point ethical standards dictate it is in your best interest to refer you to another therapist, I will do so, i.e. a specialist in another field. If I believe your issues are above my level of competence, or outside of my scope of practice, I am legally required to refer, terminate, or consult. If this happens I would provide you with names of professionals to contact.

It is always your right to terminate therapy at any time. However, I strongly encourage you to discuss this decision with me. I will always give you my professional opinion as far as the timing of termination and will be open to discussing this with you.

If for whatever reason you decide to terminate therapy without notification, you 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.

I reserve the right to terminate therapy at my discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, if your needs are outside of my scope of competence or practice, or you are not making adequate progress in therapy. You have the right to terminate therapy at your discretion. Upon either party's decision to terminate therapy, I will generally recommend that you participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience. I will also attempt to ensure a smooth transition to another therapist by offering referrals to you.

Contacting Me

My phone number: 303-868-4207

My email address: hello@kindred-counseling.com (for scheduling appointments and non-clinical matters only)

I ask that clients limit text messages and email for administrative purposes only such as scheduling appointments. Do not send confidential information by email or text as there is never a 100% guarantee information sent electronically will remain confidential. Do not text or email emergencies but call me at the number I provided you. Please see the Social Media Policy for more information.

My office hours are Monday, Tuesday, and Wednesday, 9:00 a.m. to 5:00 p.m. I return routine calls during those hours by the close of the next business day. I return crisis calls as soon as possible seven days a week. I have a confidential voice mail that allows you to leave a message at any time. I will make every effort to return calls within 24 hours (or by the next business day), but cannot guarantee the calls will be returned immediately. If you are experiencing a life-threatening crisis and cannot reach me, you may call the Colorado Crisis Hotline 844- 493-8255; 911, or check yourself into the nearest hospital. I will also provide the number of a colleague when I am unavailable due to illness, training, or travel.

From time-to-time, I may engage in telephone contact with you for purposes other than scheduling sessions. You are responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes (see Fees Section above). In addition, from time-to-time, I may engage in telephone contact with third parties at your request and with your advance written authorization. You are responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than ten minutes (see Fees section above).

I travel approximately 2-3 times a year for periods of 1-2 weeks. Whenever possible, I will let you know at least a month in advance of my departure. I will also leave you the name of a respected mental health counselor you can contact in case of emergency while I am away.

Your Contact Preferences

As a service to my clients, I communicate and follow-up with clients in a variety of ways including email, phone calls/voice mail, text, and written communication/newsletters sent to the client's home address. Your signature on this form indicates your consent for these types of communication. The risks to communication initiated by me is the possibility that someone else will see the communication (such as a letter with my return address on it). We will discuss this more in your first session.

Please review the following considerations, and indicate your contact preferences below.

Phone: _____

Do not use ***OK to use*** ***OK to leave voicemail*** ***Preferred***

Email: _____

Do not use ***OK to use*** ***Preferred***

Text messaging: _____

Do not use ***OK to use*** ***Preferred***

I authorize Kindred Counseling, PLLC to mail any correspondence regarding my treatment, satisfaction with treatment, updates about my treatment and educational programs during and after the completion of my treatment to my home mailing address.

- Yes*** ***No***

Coordination of Care

Please review the following considerations, and indicate your contact preferences below.

Coordinating care between mental health providers and other relevant clinicians (such as your primary care physician or psychiatrist) is considered best practice. As a service to my clients, I coordinate care with any relevant medical providers. The Authorization to Release Confidential Form is included for you to fill out if you would like me to share with your other providers that you are in counseling. You also have the right to ask me not to coordinate care with your doctor.

I want my Primary Care Physician to be notified of my treatment at Kindred Counseling, PLLC, with Brittni Fudge, MA, NCC, LPC.

- Yes: Doctor's Name:*** _____ ***No***

Acknowledgement & Consent to Treatment

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

By signing below, Client acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Client has discussed such terms and conditions with Therapist, and has had any questions with regard to its terms and conditions answered to Client's satisfaction. Client agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist. Client acknowledges he/she has received a copy of this document for their records. Moreover, Client agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

_____	_____	_____
Client Name (please print)	Client Signature	Date
_____	_____	_____
Parent/Guardian Name (please print)	Parent/Guardian Signature	Date
_____		_____
Therapist Signature		Date