

**New Growth Psychotherapy llc
Joy Lanzano
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Boulder, CO 80302 (720) 443-0439
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Introduction:

This agreement is intended to provide you, the client, with important information regarding the practices, policies, and procedures of Joy Lanzano, the therapist, and to clarify the terms of the professional therapeutic relationship between client and therapist. Any questions or concerns with the contents of this agreement should be discussed prior to signing.

My Educational Background:

I have a Master of Art's degree in Transpersonal Counseling Psychology from Naropa University in Boulder, Colorado; a Master of Art's degree in Educational Technology from the University of Northern Colorado in Greeley, Colorado; a Bachelor of Art's degree in Biology and Secondary Education from Western State College, in Gunnison CO. I have had post-graduate specialized training in Applied Existential Psychotherapy (AEP), Gestalt therapy, and Trauma Recovery Protocol (TRP) Therapy (formerly CAR trauma therapy) EMDR (Eye Movement Desensitization Reprocessing) and Attachment Theory Mastery training and PACT for couples' work. I am also a graduate level trained Mindfulness Meditation Instructor at Naropa University Graduate School of Psychology.

Licenses and Certifications:

I am a Licensed Addiction Counselor in Colorado, #0000499 and a Licensed Professional Counselor #0012337 in Colorado. Certified Approved Clinical Supervisor and certified EMDR therapist.

Clinical Approach/Therapeutic Orientation:

My foundational approach to psychotherapy is based upon Humanistic/Client Centered Psychotherapy theory and will use: Mindfulness awareness practices, Applied Existential Psychotherapy (AEP), psycho-education, Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT) and EMDR trauma Therapy. I specialize in the areas of trauma, depression, stress management, substance abuse and addictive behaviors. I utilize many different therapeutic approaches to tailor what treatment best fits *my client's needs*. I will work with individuals, families, couples and groups.

Client Rights and Important Information:

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, licensed or certified addiction counselors, and unlicensed individuals who practice psychotherapy.

The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the:

Department of Regulatory Agencies Division of Registrations Mental Health Section
1560 Broadway, Suite 1350 Denver, Colorado 80202 (303)-894-7766

- a) You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of therapy (if it is possible to determine), and my fee structure.
- 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.
- d) 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 an unlicensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.

Information disclosed 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). And the HIPAA Notice of Privacy Rights you were provided. 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.

Matters regarding your psychotherapy will be kept confidential except in the following circumstances: 1) You sign a release of information giving permission to release information to a specific individual or agency; 2) Intent to harm self or others or a location; 3) Abuse, neglect, or suspected abuse or neglect of children, elderly, intellectually and or developmentally delayed individuals or others unable to care for themselves. There may be other exceptions that I will identify to you as the situations arise during therapy. I will not testify in court on any case, if asked, due to the damage this can do to the therapeutic relationship.

Please note, I cannot guarantee confidentiality during the use of electronic transmissions, such as email, text, and/or video conferencing, etc. You are under no obligation to be contacted in any way that may

jeopardize your confidential information. We can discuss the limitations of such transmissions and decide together whether communicating through these means is right for you.

From time to time, I also consult with colleagues, but in these circumstances, clients are not identified by name. Your signature below constitutes your permission for such consultations.

Payment Policy:

Outpatient Psychotherapy: \$150.00 ,60 minutes and \$225.00 for 90 minutes. Couple sessions are \$150.00 per hour and \$225.00 per 90 minutes. Family sessions are \$150.00 per hour and \$225.00 per 90 minutes. I will consider a sliding scale when needed, my minimum being \$90 per session. I accept cash, personal checks, Paypal, and Venmo as payment for psychotherapy services. *Payment is due in full either at the beginning or end of each session.* I will pro-rate my session fee for any additional time spent that is outside scheduled or planned session time. I accept insurance reimbursement for Cigna and Optum/United Health network and Medicaid insurances. I am an in-network provider and I will bill for my services. However, upon request if you have other insurance, a receipt will be given to you and you may be able to obtain reimbursement from your insurance company according to your plan upon request. All fees are ultimately your responsibility, even if your insurance company fails to reimburse you. My policy for written reports, phone calls, summaries, consultations, etc. that are requested by you or by an insurance company/social services will also be charged at my hourly fee.

Cancellations:

The time of your scheduled appointment is reserved for you. If you need to cancel your appointment with me, *please do so at least 24 hours in advance. If your appointment with me falls on a Monday, please do your best to notify me the business day prior (Friday). If you cannot, simply state in your voicemail the weekend day and time you are calling.* If you fail to notify me within 24 hours, or if you miss an appointment, you will be charged the session fee. Insurance companies generally do not reimburse for missed appointments.

Messages and Telephone Calls:

My office hours vary Monday through Friday, however, every effort will be made to return calls within 24-48 hours, Monday through Friday. You may leave messages for me on my confidential voicemail at 720/530-9041. There is no charge for brief phone calls. Calls lasting longer than 10 minutes will be charged on a pro-rated basis of my session fee. Texting, voicemail and email does not ensure confidentiality. Please note that you agree to this mode of communication by signing this document.

Emergencies:

Although I am committed to checking messages and returning calls, **I do not provide 24-hour coverage.** If you feel you are having a mental health emergency and you are unable to contact me, call Emergency Psychiatric Services 24-hour hotline at (303) 447-1665 if you live in Boulder or Longmont. If you live in the greater Denver area, or if you feel you are having a true life or death emergency, dial 911 for help or check yourself into the

nearest hospital emergency room.

Generally speaking, I provide non-emergency psychotherapeutic services by scheduled appointment. Clients seen in outpatient psychotherapy are assumed to be responsible for their day-to day functioning. If I believe your psychotherapeutic needs are above my level of competence or outside my scope of practice, I am legally required to refer you, terminate therapy, or seek outside consultation.

The Counseling Process:

Counseling has both benefits and risks. Benefits for people who undertake counseling often include a reduction of feelings of distress, more satisfying relationships, and resolution of specific problems. Growth nearly always brings change, and sometimes change, even positive change, causes stress. Potential risks of counseling involve recalling unpleasant aspects of your personal history that may bring up distressing thoughts and feelings. Due to the complexity of human behavior, there are no guarantees that you will feel better or that your problem(s) will be resolved upon leaving my office. During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events and not grounds for alarm. Personal growth may be easy at times and at other times slow and frustrating. Progress and success may vary upon the particular problems and issues being addressed, as well as many other factors. 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. It is always your right to terminate therapy at any time. It has been my experience that, particularly in a therapeutic relationship of any length, that termination is a very important process. I will always give you my professional opinion as far as the timing of termination and will be open to discussing this with you.

Thank you for reading this mandatory disclosure form in its entirety. If you have any questions or would like additional information, please feel free to ask.

“This process of the good life is not, I am convinced, a life for the faint-hearted. It involves the stretching and growing of becoming more and more of one's potentialities. It involves the courage to be. It means launching oneself fully into the stream of life.” (Carl Rogers 1961)

I have received a copy of this disclosure form and have read and understand the preceding information regarding client rights and policies. I agree to the policies outlined above.

Client / Patient Signature

Date

Client / Patient Signature

Date

Therapist

Date