

Alison Biggs, MA, LPCC, NCC  
204 Walnut Street, Suite D  
Fort Collins, CO 80524  
LPCC Number:0016550

Phone: 970.402.7029  
Email: alison@prana-counseling.com

## Disclosure Statement & Policies

*This document is intended to describe my qualifications, the rights of my clients, along with my policies and procedures as a practicing psychotherapist. Should you have questions or concerns please ask me at any time.*

1. I am a Licensed Professional Candidate and a Nationally Certified Counselor Candidate. I received my Bachelor's degree in International Business and Marketing from the University of Puget Sound in Tacoma, Washington and my Master's Degree in Marriage, Family and Couples Therapy from the University of Northern Colorado. My training and experience includes trauma, abuse, neglect substance abuse and high conflict divorce, among a number of other issues. I work with young children via play therapy, individuals (including adolescents), couples, and families. My training includes experiential play therapy, trauma focused therapies, psychoeducation, parenting support, Solution-Focused Therapy, Cognitive Behavioral Therapy, Emotion Focused Couples Therapy, and Narrative Therapy to name a few. I am also certified in Critical Incident Stress Management, assisting individuals in Crisis & Group Intervention, with FEMA ICS-100 (Introduction to Incident Command System) and Psychological First Aid. My practice is registered by the Department of Regulatory Agencies (DORA) and in particular the Department of Professions and Occupations who is responsible for regulating the practice of licensed or registered persons in the field of psychotherapy. DORA's address is 1560 Broadway, Suite 1350, Denver, Colorado 80202 or 303.894.7800.
2. A registered psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state. A Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience. A Certified

Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience. A Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience. A licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements. A licensed Social Worker must hold a master's degree in social work. A psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.

### ***Client Rights***

1. Right to terminate therapy at any time.
2. Right to receive information concerning methods of treatment, the techniques used, treatment concerns, fee schedules, operating hours, and billing policies before treatment begins and throughout treatment.
3. Right to receive a second opinion from another practitioner.
4. Right to receive a summary of your records at anytime
5. Right to share complaints or concerns regarding a professional counselor to either DORA (address and number above) or to another appropriate professional or licensure board
6. Right to be treated with respect – In a professional relationship sexual intimacy between therapist and client is never appropriate. It should be reported to the Grievance Board.
7. Right not to be discriminated against due to race ethnicity, sex or gender, age, religion, disability, sexual orientation or socioeconomic status.

### ***Confidentiality***

All information provided by you during therapy is confidential to persons or agencies outside of therapy. Such information can only be shared with your written consent or permission. Please see our HIPAA disclosure policy for information related to Prana's use and disclosure of protected health care information. And a disclosure of when Prana will reveal information obtained during therapy to other persons or agencies without your permission.

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In situations where I believe or suspect you are in imminent danger to yourself, or you threaten *bodily harm or death to another person or directly endanger the life of another* I have a legal duty to report you to law enforcement and contact the threatened person(s). I may also legally initiate an emergency 72-hour hold for psychiatric evaluation. When I am concerned about a client's safety, it is my policy to request a Welfare Check through local law enforcement. In doing so, I may disclose to law enforcement officers information pertaining to my concerns. By signing this Disclosure Statement and agreeing to treatment with me, you consent to this practice, if it should become necessary.

On occasion, clients will request that I testify in court proceedings. If you are involved in a divorce or custody litigation, my role as a therapist is not to make recommendations to the court concerning custody or parenting issues. Please be aware that having me testify in court puts any testimony regarding confidential therapeutic content into the public record. It also produces a risk of the entire therapeutic file being ordered into the public record. If you or your attorney subpoena me for testimony, you are responsible for assuming these risks.

In working with couples and families, it is my philosophy that honesty within the family system is important, and keeping secrets is typically damaging to relationships and the overall system. In order to help couples and families address issues, having the option to discuss information openly is vital. I use my clinical judgment with regard to sharing information in couple or family sessions that has been disclosed during individual sessions and I will not disclose in situations where your safety may be at risk. I will also work closely with individual family members on supporting their ability to disclose information that I deem therapeutic for the family. If a conflict of interest does arise within the couple or family I will work to find another individual therapist or other resources for the family member needing individual therapy. **Confidentiality is not guaranteed in regard to group or family treatment.**

Some clients find it helpful to communicate with me through the use of e-mail or texting. These communications are reserved for the purpose of scheduling and sharing basic information. I will not conduct therapy via electronic means as e-mail and texting are not considered secure means of communication. I have included a confidentiality notice that goes out with all of my e-mails, but I cannot guarantee that your information will remain confidential. By signing this disclosure, you assume the risks of e-mailing or texting me should you choose to do so.

I am in the office Tuesday thru Thursday. I see clients and check my phone messages on those days. I am not available on weekends and do not provide on-call emergency

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services. If there is an emergency you may call 911 or go to the emergency room. You may also contact the local suicide hotline at 221-2114 during business hours or 221-5551 after hours. When I am on vacation or at professional trainings my voicemail will have the contact information for another therapist who is available should you need to speak to a therapist.

### **Fees**

Fee structure is outlined below:

First session/Intake 50 minutes – Free (This session is used to get to know one another, understand the reason for therapy and to answer any questions regarding the intake form or disclosure statement.)

Individual/Play Therapy 50 minutes: \$95.00

Couples Therapy 60 minutes: \$110.00

Family Therapy 75 minutes: \$115.00

Group Therapy 60-90 minutes: \$35-\$75

Case Consultation: \$50-\$150/hr. This includes individual consultations; court visits, writing letters and extended phone conversations. This amount will vary and is subject to adjustment depending on the need. Should I need to gain my own legal advise regarding a court hearing or consultation the client will be responsible for those fees.

These fees are subject to change. All fees are due at the time of service unless another arrangement has been made.

If you do not arrive on time for your session the fee will not be adjusted according to the time left.

You are allowed one "no show" without incurring any charges.

**The second "no show" and those thereafter will be charged at your regular hourly session fee. Personal check, cash and credit card are accepted (Visa and Mastercard).**

**Should a check not clear or if payment is not received within 30 days it will be considered late and be subject to late fees and potential legal action. *Please also refer to my Financial Policy document for additional information.***

By signing this agreement you agree to the terms and conditions mentioned above.

### ***Additional Important Information***

It is necessary to produce a Court Order Custody Agreement and or Parenting Plan that grants the present guardian authority to consent to therapy services for your minor

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child. Any parenting rights, custody agreements and decision making authority changes will be shared with my therapist. I do not provide custody recommendations in court.

There is no guarantee that psychotherapy will offer the intended results. Everything will be done to provide the very best care for your healing. If at anytime you would like to terminate it is your right. I will try and provide you with other resources that may be better suited for your needs. If at anytime I feel you need more help than I am trained to offer I will terminate our relationship and work to find you the best resources possible for your needs.

**Agreement:**

I have read, understood, and agree to the terms of this Disclosure Statement. I understand my rights as a client and agree to the policies and requirements listed above.

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Client Name (Please Print)  
Date

\_\_\_\_\_

Client Signature

\_\_\_\_\_

Parent/Guardian Name

\_\_\_\_\_

Parent/Guardian Signature Date

Alison A. Biggs, MC, NCC, LPCC

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Therapist Signature      Date