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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 and a Nationally Certified Counselor. 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 individuals (including adolescents), couples, and families. My training includes experiential play therapy, trauma focused therapies, psychoeducation, parenting support, Solution-Focused Therapy, Cognitive Behavioral Therapy, EMDR, 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 along with EMDR. 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 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.
- A Licensed Marriage and Family Therapist must hold a master's or doctorate degree in marriage and family therapy and must have had at least two years of post-master's practice or one year of post-doctoral practice in individual, couple, and family therapy, including at least 1,500 hours of face-to-face direct client contact as determined by the Board.
- A Licensed Social Worker must hold a master's degree in social work.
- A Licensed Clinical Social Worker must have practiced social work for at least two years under the supervision of a licensed clinical social worker or other person with equivalent experience as determined by the Board.
- A Licensed Professional Counselor must have at least two years of post-master's practice or one year of post-doctoral practice in licensed professional counseling under clinical supervision and must have at least 2,000 hours of practice in counseling, including at least 1,500 hours of face-to-face direct client contact under clinician supervision.
- A Psychologist Candidate, a Marriage and Family Therapist Candidate, a Clinical Social Worker Candidate, an Addiction Counselor 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 Addiction Counselor (LAC) must have completed a master's or doctoral degree in the behavioral health sciences from an accredited school, college, or university. A LAC must have completed 3,000 hours of supervised practice and a full-time worker must have at least two supervision hours per month.
- A Certified Addiction Counselor (CAC) must have met the requirements for certification as a certified addiction technician or a certified addiction specialist.
 - A Certified Addiction Technician (CAT) must have a high school diploma or its equivalent and must have accrued at least 1,000 hours of supervised clinical experience hours over a minimum of six months.
 - A Certified Addiction Specialist (CAS) must have a bachelor's degree in a behavioral health concentration or human services equivalent and must have accrued at least 3,000 hours of supervised clinical work hours over a minimum of 18 months.

Client Rights

1. Right to terminate therapy at any time.
2. If you are a MINOR, you have the right to seek treatment without the consent of your guardians. You also have the right to have your mental health information kept private from your guardians.
3. 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.
4. Right to receive a second opinion from another practitioner.
5. Right to receive a summary of your records at anytime
6. 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
7. 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.
8. Right not to be discriminated against due to race ethnicity, sex or gender, age, religion, disability, sexual orientation or socioeconomic status.
9. If you are a MINOR you have the right to be involved in any discussion that is about contacting your guardians if your health and safety are deemed unsafe by your therapist. That means, if I (your therapist) feels you need more support or help from a guardian then we will discuss this first with the hopes of making the call together. It is my discretion, as your therapist, when we need to contact an outside source for additional support for you. Times this may be necessary include if you want to kill yourself, hurt someone else, are experiencing abuse, etc. YOU WILL ALWAYS BE INCLUDED in these decisions to share this information.
10. As your therapist, I will provide non-emergency psycho-therapeutic services by scheduled appointment only. If I believe your psychotherapeutic issues are above his/her level of competence or outside of his/her scope of practice, I am legally required to refer, terminate, or consult. If, for any reason, you are unable to contact me by telephone, and you are having a true physical or mental health emergency, please dial 911, go to your nearest emergency room, or call Colorado's Crisis Hotline (844) 493-8255. If you must seek afterhours treatment from any counseling agency, center, emergency room, hospital or similar facility, you are solely responsible for any fees due.
11. I maintain client records for seven years from the date of termination of services or the last date of contact with the client, whichever comes later. However, if the client is a minor, I maintain records for seven years from the last date of treatment or when the child reaches 18, whichever comes later.

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.

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 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 50 minutes: \$125.00

Couples Therapy 75 minutes: \$135.00

Family Therapy 75 minutes: \$145.00

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 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.

Client Name (Please Print)	Client Signature	Date

Parent/Guardian Name Alison A. Biggs, MC, NCC, LPCC	Parent/Guardian Signature Date

Therapist Signature	Date