



INTEGRATED WELLNESS AND STRATEGIES, LLC

Amber W. Pearson, MA, LPC, LCMHC, LMHC, EMDR-CT

Your path to healing and transformational growth...

5150 W. 120th Ave, Suite 100
#1057

Westminster, CO 80020

P: 720-644-6378, F: 720-446-3520
strategiesintegrated.com

MANDATORY DISCLOSURE STATEMENT & CONSENT FOR TREATMENT

THERAPIST INFORMATION

Name: Amber W. Pearson

Business Address: 5150 W. 120th Ave, Suite 100, #1057; Westminster, CO 80020

Business Phone: 720-644-6378

Education: Master of Arts (MA) in Clinical Psychology from the University of Denver in 2008

Credentials, Certifications & Registrations:

- I received my License in Professional Counseling (LPC) # 6479 in the state of Colorado as of April 23, 2012. This license is current, active and in good standing.
- I received my License in Clinical Mental Health Counseling (LCMHC) # 17608 in the state of North Carolina on May 25, 2022. This license is current, active and in good standing.
- I received my License in Mental Health Counseling (LMHC) in the state of Washington # LH-61289048 on July 18, 2022. This license is current, active and in good standing.
- I am an EMDR Certified Therapist in accordance to the EMDR International Association as of February 17, 2022. This certification is current, active and in good standing.

Years of Clinical Counseling Experience: 14

Relevant Past Experience: My therapeutic experience includes working individually and in groups with adolescents, adults and families in the following settings: home-based, outpatient, and inpatient. I have extended experience working with traumatized populations of various socio-economic, cultural, religious and ethnic backgrounds; as well as those who have grief and loss, issues with chronic illness, depression, anxiety, and psychosis.

My Approach to Therapy: I utilize a variety of therapies and approaches, including:

- Integrative: Combining many therapeutic modalities.
- Strategic: Creating strategies with you so that you can be fully engaged and aware.
- Wellness-Based: Helping you become your best self physically, mentally, emotionally and spiritually.
- Holistic: Respecting the view that individuals are an interconnection of mind, body, energy, and spirit.
- Person-centered: Empowering and motivating you to fulfill your own goals of growth and transformation.

My Most Used Therapeutic Modalities: These are used based on need and comfort level of clients:

- Trauma-focused Therapy: Recognizing how trauma affects the brain and body and how its effects can be healed.
- Dialectic Behavioral Therapy (DBT): Applying tools related to mindfulness and cognition.
- Cognitive Behavioral Therapy (CBT): Applying tools related to cognition and behavior.
- Eye Movement Desensitization and Reprocessing (EMDR): Alleviating distress related to disturbing memories.
- Internal Family Systems (IFS) Therapy: Limited training on how to understand and work with internal parts.
- Motivational Interviewing: Helping you find motivation when you feel ambivalent.
- Multi-cultural Therapy: Utilizing your own culture, beliefs, family systems, personal history, and beliefs.
- Transpersonal Therapy: Integrating spiritual, religious, and philosophical belief systems.

CLIENT RIGHTS AND CONFIDENTIALITY

Your rights as a client, include:

- **Boundaries:** In a professional relationship (such as ours), boundaries are important. 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.

- **Confidentiality:** The information you tell me during therapy sessions is generally considered confidential. Confidentiality means that I am responsible to keep private all information relating to a client, unless the client gives me permission to or under extreme exceptions.
- **Exceptions of Confidentiality:** I will keep confidential anything you say as part of our counseling relationship, with the following exceptions:
 - You direct me in writing to disclose information to someone else. I have a Release of Information form you will need to complete in this instance.
 - I am ordered by a court to disclose information.

I am required to break confidentiality with or without your approval in the following circumstances:

- Any cases of possible abuse or neglect of: a child 18 years and under, adults 70 years and older, and of someone with an intellectual disability.
- If you are determined to be a danger to yourself.
- If you are determined to be a danger to others.
- If you are determined unable to care for yourself due to mental health reasons.

In these particular situations, I may be required to take protective actions which may include notifying the potential victim, contacting the police, and/or calling child abuse or elder abuse hotlines. If a legal exception to confidentiality arises during therapy, you will be informed accordingly when possible.

Initials _____

- **Second Opinions:** You may seek a second opinion from another therapist or terminate therapy at any time.
- **Treatment Options:** You have a right to understand your options for treatment. The following is a list of regulatory requirements applicable to mental health professionals (my profession is italicized):
 - 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 2 years of post-masters supervision.
 - A Licensed Psychologist must hold a doctorate degree in psychology & have 1 yr of post-doc supervision.
 - 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 Certified Addiction Technician must be a high school graduate, complete required training hours, pass the National Addiction Exam, Level I or an equivalent exam, and complete 1,000 hours of supervised experience.
 - A Certified Addiction Specialist must have a bachelor's degree in behavioral health, complete additional required training hours, pass the National Addiction Exam, Level II or an equivalent exam and complete 2,000 hours of supervised experience.
 - A Licensed Addiction Counselor must have a clinical master's or doctorate degree, pass the Master Addiction Counselor Exam or an equivalent exam, and complete 3,000 of supervised experience.
 - An Unlicensed Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

PSYCHOTHERAPY SERVICES

The following information outlines what you can expect with the psychotherapy services I provide:

- **Free Consult:** For those who are interested, other than EAP clients who are assigned to me, I offer a free 30 minute face-to-face consult. During this consult I will give you more information about myself, answer any questions you have, and ask some questions about what you are interested in getting out of therapy. If you would like to pursue therapy with me following this consult, we will set a session date and discuss fees.
- **Initial Sessions:** During your first session, I will assess and evaluate your needs and take a detailed history in what is called a "Psychosocial Assessment." At the end of this assessment, I will be able to offer you some first impressions of what I believe our work could include. After this we will work together to create a treatment plan.
- **Continued Sessions:** I provide non-emergency psychotherapeutic services by scheduled appointment only. I prefer to provide clients with a specific weekly or bi-weekly time-slot. Psychotherapy has both benefits and emotional risks. When certain feelings, thoughts, or events are approached it will likely be emotionally painful. Learning to tolerate painful emotions is part of the therapeutic process. In addition, any type of changes in beliefs or behaviors can generate fears and potentially disrupt relationships in your life. Please consider carefully

whether you are willing to face these risks. The majority of people who take these risks find therapy to be helpful in the long-run. However, there is no guarantee on how you will be affected by therapy.

- **Ending Session:** Your participation in psychotherapy is voluntary and you have the right to refuse or withdraw from treatment at any time. However, I ask that when you are thinking about ending therapy you discuss this with me so that we can create a termination plan together. Typically, therapy is ended in mutual agreement between therapist and client, and occurs when it is evident that the client no longer needs services. In this instance an ending session is provided to review goals met, and lessons learned.

CONTACT OUTSIDE OF SESSIONS

Below is information about contact that may occur outside of session:

- **How to Contact Me Outside Sessions:** If you need to reschedule an appointment you may do so via phone call, text, or email. I only provide non-emergency psychotherapeutic services by scheduled appointment and am not available 24 hrs per day 7 days per week. I can be contacted via phone 7am to 8pm EST Tuesday-Friday, and 7am to 12pm Monday and Saturday. I check my phone regularly during these hours. If you have an urgent need and I do not answer my phone, please notify me by voicemail. I will check my voicemail at least every 5 hours within office hours, and will return your call as soon as possible. If you have an urgent need and cannot wait for my call please look at the subsequent sections "Mental Health Crisis" and "Mental Health Emergency."
- **Unplanned Contact:** If we come into contact outside the office or a scheduled session I may nod or smile at you, but will not speak to you unless you speak to me first.

MENTAL HEALTH CRISIS

A mental health crisis is defined as a non-life threatening situation in which you are having extreme emotional disturbance or behavioral distress, considering harming yourself or others, disoriented or out of touch with reality, have a compromised ability to function, or are extremely agitated and unable to be calmed. If you are in a mental health crisis and/or need immediate support outside my office hours or when I am on vacation - or cannot wait during office hours - you agree to call or text one of the below support lines, which are staffed 24/7/365 with certified mental health professionals:

- National Suicide Prevention Lifeline – Call: 800-273-TALK (8255)
- National Crisis Text Line: Text "HOME" or "CONNECT" to 741-741

Initials_____

MENTAL HEALTH EMERGENCY

A mental health emergency as a life-threatening situation in which you are having serious thoughts, desires, and intention to harm to yourself or others, severely disorientated or out of touch with reality, a severe inability to function, or feelings being out of control due to extreme distress. If you are having an emergency, you agree to call 911 or check yourself into the nearest hospital emergency room.

Initials_____

REGULATORY REQUIREMENTS AND INFORMATION

I abide by the ACA Code of Ethics, which can be accessed here: <http://www.counseling.org/Resources/aca-code-of-ethics.pdf>. If you are every unhappy with what is happening in therapy, I encourage you to speak with me about it directly so that I may respond to your concerns. I take criticism and feedback seriously, with care and respect.

However, if you believe I have been unwilling to listen or respond or that I have behaved unethically, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. The practice of Licensed Professional Counselors (LPC) in Colorado is regulated by the Mental Health Licensing Section of the

Division of Professions and Occupations of the Department of Regulatory Agencies (DORA). Any questions, concerns, or complaints regarding therapy should be directed to DORA's Mental Health Section at:

Organization: Mental Health Section of Colorado's Department of Regulatory Agencies
Address: 1560 Broadway, Suite 1350
Denver, Colorado 80202
Phone: (303) 894-7800

MISCELLANEOUS BUSINESS INFORMATION

Ethically, there are certain ethical and business practices Amber W. Pearson and Integrated Wellness and Strategies, PLLC have in place. These practices are listed below:

- **Vacations and Holidays:** I will take periodic vacation and holiday breaks away from the office. I will provide you with dates when I will be out of the office in advance whenever possible.
- **Outside Consultation:** There may be times when I need to consult with a colleague or another professional, like an attorney, about issues raised by you in therapy. Your confidentiality will still be protected in every way possible during consultation and professional consults. Signing this disclosure statement gives my psychotherapist permission to consult as needed to provide professional services to you as a client.
- **Therapist Incapacitation or Death:** In the event of my death, incapacitation, or grave disability, selected colleagues have agreed to be my primary and secondary professional executors. Specifically, Maggie Young, LCSW is my primary - and Susan Weinstein, LCSW is my secondary. My primary executor would have the capacity to review limited confidential information I have collected about you in for the purpose of contacting and advising you of options for continuity of treatment.

PROFESSIONAL RECORDS

The ethical and legal requirements of my profession require me to keep records of your treatment with me. I will take notes in each therapy session. These notes will specify what time we met, interventions that occurred in the session, and topics we discussed. I maintain your records in a secure location that cannot be accessed by anyone other than me, in accordance to HIPAA standards. You have the right to:

- Request your records at any time. *Note: If you do want copies of your records I will need a written request that includes a time-frame of when you will need the records by.*
- Request that I correct any errors in your file. *Note: I would need any error correction requests to be in writing as well.*
- Request that I make a copy of your file available to any other health care provider. *Note: I will not release any of your records until after you have completed a Release of Information form.*

Due to the nature and terminology necessary to professional mental health records, it is possible that information in these records may be upsetting to untrained readers. So, if you wish to see your records, I recommend that you review them in my presence so we can discuss them together. You will be charged an appropriate fee for copies made and any professional time spent in responding to information requests.

In addition, records for adults 18 years of age or older shall be retained for a period of 7 years, commencing on either the termination of professional counseling services or the last date of contact with the client, whichever is later. Any person who alleges that a mental health professional has violated the licensing laws related to the maintenance of records of a client 18 years of age or older, must file a complaint or other notice with the licensing board within 7 years commencing on the date of termination of services or on the date of last contact with the client, whichever is later. In no event shall records be kept for more than 12 years.

THERAPIST BOUNDARIES

Your participation in psychotherapy is voluntary and you have the right to refuse or withdraw from treatment at any time. However, I ask that when you are thinking about ending therapy you discuss this with me so that we can create a

termination plan together. Typically, therapy is ended in mutual agreement between therapist and client, and occurs when it is evident that the client no longer needs services. Exceptions to this are as follows:

- If we have contracted for a specific short-term work, therapy will end at the end of that designated time.
- If I believe your psychotherapeutic needs are outside my scope of competence, that my methods and expectations are not a good fit for you, or that you are not benefiting from my services I will be obligated legally to refer you to another practitioner, terminate, and/or get outside consultation.
- If payment is not consistent or timely. In this instance I will talk with you directly to try to come to a resolution prior to termination.
- If you miss 3 consecutive sessions via late cancellation and/or no show and I am unable to contact you. In this instance, a letter will be sent to you explaining that your services with me have terminated along with a closing bill for any unpaid balance. You will still be financially responsible for fees related to missed sessions, per the CANCELLATION & NO SHOW POLICY.
- If you are violent, harassing, or threatening towards me, my staff, anyone at my office, or my family members verbally or physically - I reserve the right to terminate you unilaterally and immediately from treatment.

When you are ending therapy with me, I will make every attempt to refer you to a professional who could better fit your needs when this applies. However, I cannot guarantee that this person will accept you for therapy. If you have any questions or would like additional information, please feel free to ask me anytime during the psychotherapy process.

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By signing below you agree that you have read and understand the preceding information regarding your rights and responsibilities as a client, and it has been provided verbally. With your signature, you acknowledge that you agree to receive a copy of this entire document for your records (which will be provided to you in your next session). You accept, understand, and agree to abide by the contents and terms of this MANDATORY DISCLOSURE STATEMENT & CONSENT FOR TREATMENT agreement and further consent to evaluation and treatment with Amber W. Pearson, MA, LPC and Integrated Wellness and Strategies, LLC.

Client Name (printed)

Client Signature

Date

Therapist Name (printed)

Therapist Signature

Date