



## INTEGRATED WELLNESS AND STRATEGIES, LLC

Amber W. Pearson, MA, LPC

*Your path to healing and transformational growth...*

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## MANDATORY DISCLOSURE STATEMENT & CONSENT FOR TREATMENT

### THERAPIST INFORMATION

**Name:** Amber W. Pearson

**Business Address:** 11001 West 120<sup>th</sup> Avenue, Suite 400; Broomfield, CO 80021

**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 2012.

This license is current and active.

**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, then recalibrating.
- Dialectic Behavioral Therapy (DBT): Applying tools related to mindfulness and cognition.
- Cognitive Behavioral Therapy (CBT): Applying tools related to cognition and behavior.
- 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.
- Eye Movement Desensitization and Reprocessing (EMDR): Alleviating distress related to disturbing memories.

### 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:** Exceptions of confidentiality are listed in the Colorado Revised Statutes, C.R.S. 12-43-218 and the HIPAA Privacy Rights you were provided. These exceptions include 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 an abuse occurred to you when you were younger and the person still has access to children, this will need to be reported. These exceptions also include if you have a plan to commit harm to yourself, a plan to commit harm to others or at a specific location or entity, being unable to care for yourself due to mental health reasons, and

cases involving a court order. In such 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.

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- **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 Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience.
  - A CAC II must complete additional required training hours and 2,000 hours of supervised experience.
  - A CAC III must have a bachelor's degree in behavioral health, and 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 Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

## REGULATORY REQUIREMENTS AND INFORMATION

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations of the Department of Regulatory Agencies (DORA). The address and phone number for DORA's Mental Health Section is:

1560 Broadway, Suite 1350; Denver, Colorado 80202; (303) 894-7800

Any questions, concerns, or complaints regarding therapy should be directed to the Board of Examiners at. In addition, if you are unhappy with what is happening in therapy, I hope you will speak with me about it directly so that I may respond to your concerns. I take criticism seriously, with care and respect. If you believe I have been unwilling to listen or respond or that I have behaved unethically, you have the right to complain about my behavior to DORA.

## 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.
- **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.

- **Unplanned Contact:** If we come into contact outside the office or a scheduled session I will wait for you to acknowledge me first.
- **How to Contact Me Outside Sessions:** I can be contacted via phone during regular business hours. To make appointments and leave confidential voice messages please call my business phone at: 720-644-6378. If I receive a message from you I will return your call as soon as possible (within 24 business 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 12 hours (excluding weekends) and will return your call as soon as possible.
- If you are in a mental health crisis and/or need immediate support between 7pm and 7am, on the weekends, or when I am on vacation - please call one of the below support lines, which are staffed 24-hours with certified mental health professionals:
  - Colorado Crisis and Support Line: call 1-844-493-TALK (8255) or text TALK to 38255
  - National Suicide Prevention Lifeline: call 800-273-TALK (8255)
  - Crisis Text Line: Text HOME or CONNECT to 741741 about any type of crisis.

*Note: A mental health crisis may be defined as “a non-life threatening situation in which an individual is exhibiting extreme emotional disturbance or behavioral distress, considering harm to self or others, disoriented or out of touch with reality, has a compromised ability to function, or is otherwise agitated and unable to be calmed.”\* Source: wellness-difference-emergency-crisis.pdf.*

## MENTAL HEALTH EMERGENCY

I only provide non-emergency psychotherapeutic services by scheduled appointment. If you are having an emergency, you agree to call 911 or check yourself into the nearest hospital emergency room. *Note: A mental health emergency may be defined as “a life-threatening situation in which an individual is imminently threatening harm to self or others, severely disorientated or out of touch with reality, has a severe inability to function, or is otherwise distraught and out of control.”*  
 \*Source: wellness-difference-emergency-crisis.pdf.

## FEE STRUCTURE, BILLING, AND PAYMENTS

The following information outlines my fee structure, billing, and payment expectations for *all clients paying a fee:*

- Payment will be due at the time of each session. I accept all major credit cards, checks, and cash for payment. I do not accept the following forms payment: direct transfers between banks, PayPal, or bartering.  
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- If you write a check and it bounces, you will be charged a \$30 fee in addition to the original amount. I will make every attempt to work with you to figure out an affordable payment plan, if necessary. However, if you refuse to pay your debt, I reserve the right to give your name and the amount due to a collection agency as a last resort.  
 Initials\_\_\_\_\_
- Completion of paperwork for third parties such as workplace and/or apartment complexes is charged separately from insurance. This includes but not limited to short-term work disability, long-term work disability, reasonable accommodation, emotional support animals, etc. These fees are not covered by insurance. Should you be in need of these services, fees and options will be discussed directly with you.  
 Initials\_\_\_\_\_
- Court testimony on my/our behalf is charged at a higher rate - including but not limited to verbal testimony, subpoenaed testimony, and related matters like case research, report writing, travel, depositions, actual testimony and cross examination time and courtroom waiting time. These fees are not covered by insurance. Should you be in need of these services, fees and options will be discussed directly with you.  
 Initials\_\_\_\_\_

The following information outlines my fee structure, billing, and payment expectations for *insured and EAP clients:*

- If a third party such as an insurance company is paying for part of your bill, I will be required to provide them with your diagnosis so that I can be paid. Diagnoses are technical terms that describe the nature of your problems and will come from the DSM-V and ICD-10. In these instances, we will discuss your diagnosis.  
 Initials\_\_\_\_\_

- You are legally responsible for payment for my psychotherapy services, if, *for any reason*, your insurance company, HMO, third-party payer, etc. does not compensate this therapist. You also understand that signing this form gives permission to my psychotherapist, Integrated Wellness and Strategies, LLC, it's staff, and it's billing agency to communicate with my insurance company, HMO, third-party payer or anyone connected to my psychotherapy funding source. Failure to pay will be a cause for termination of psychotherapy services.

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The following information outlines my fee structure, billing, and payment expectations for *clients paying out of pocket or out of network*:

- I will provide a Superbill and/or receipt to you if you wish to attempt Out of Network reimbursement by your insurance company.

Initials\_\_\_\_\_

- My psychotherapy fees and treatment are based on 50 minutes (fee: \$110), 60 minutes (fee: \$120), or 90 minutes (fee: \$150). A sliding scale option is available for those who cannot afford this fee. My sliding scale fee is based on a specific formula which balances client ability to pay with costs of running this practice.

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- My service fees are subject to change due to cost of living increases. If this occurs, it will be on an annual basis, and I will inform you a month prior to this occurrence.

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Please know that I am very willing to work with you if you are having financial difficulties, but communication is key. I am open to changing your fee as your life circumstances change. However, it is your responsibility to inform me of any household income changes, insurance, or credit card changes.

## BUSINESS INFORMATION

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

- **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 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.
- **Billing:** I contract with Accurate Medical Billing, Inc and may use administrative staff to assist with billing needs – both of which utilize HIPAA compliant standards to verify insurance benefits; may bill your credit card for late cancellations, missed appointments, and additional non-coverage services; send you a bill in case your account becomes outstanding; and send outstanding accounts to collections. At times they may contact you to review your account and/or insurance questions.

## 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 year 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.

## ENDING THERAPY

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.

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Client Name (printed)

Client Signature

Date

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Therapist Name (printed)

Therapist Signature

Date

Copy provided to client.