

Eleos Christian Counseling Services

Stephanie F. Hotaling, M.A., LMFT Consent for Counseling

Degrees and credentials:

- M.A., Marriage and Family Therapy, 2001, Bethel Seminary
- Colorado Licensed Marriage and Family Therapist, #741
- Wyoming Licensed Marriage and Family Therapist, # 309

Because you are receiving counseling from Eleos Christian Counseling Services, you are entitled to know that I practice counseling from a Biblical perspective. This does not necessarily mean that we talk about the Bible directly but I do hold to a biblical morality and try to encourage my clients to think about what is good, honorable, and healthy as they make decisions and try to overcome the obstacles they face in their lives.

The Colorado Department of Regulatory Agencies and the Wyoming Mental Health Professional Licensing Board has the general responsibility of regulating the practice of licensed Marriage and Family Therapists. The agency with this responsibility is the CO Grievance Board, 1560 Broadway, Suite 1350, Denver, CO, 80202, 303-894-7766 or the WY Licensing Board 2001 Capitol Ave, Room 127, Cheyenne, WY, 82001, 307-777-3628. You are entitled to receive information about psychotherapy from your therapist, and the duration of your therapy (if known). You may ask questions about your therapy at any time. You may discontinue therapy services at any time and for any reason. And you are entitled to receive a second opinion if you wish. If necessary, referrals to other therapists will be made available. In a professional therapeutic relationship sexual contact of any kind between a therapist and a client is never appropriate. If sexual contact between a client and therapist has occurred, it should be reported to the Grievance Board. I will adhere to the code of ethics for the American Association for Marriage and Family Therapists.

Generally speaking, information provided by and to a client in therapy is legally confidential and will not be released to anyone without your written permission. Confidentiality can be broken by your therapist in certain circumstances as required by Colorado or Wyoming law such as: serious intent to harm yourself or others, sexual contact involving a minor child, physical abuse or neglect of a child, elder abuse or neglect, or when the client chooses to take legal or grievance action against a therapist. Abuse is defined as any physical discipline or force that results in visible marks, bruising, or bleeding. Neglect is the willful or accidental neglect of physical or emotional health and safety. If a client's mental or emotional state is brought into a civil proceeding (including child custody or visitation cases) in Wyoming, privileged communication maybe required in these types of litigation. Couples or families attending therapy together are informed that information shared with the therapist by one individual may be disclosed to the other party at the therapist's discretion. This is done with thoughtfulness in regards to the treatment goals and therapeutic needs of the family. Other than these exceptions noted, information shared in therapy is privileged communication and cannot be disclosed in any court of competent jurisdiction in the state of Colorado or Wyoming without your consent.

The fee for therapy has been agreed upon by those signed below. The fee has been set at: \$_____ per session (45 minutes). Payment of this fee or the insurance copay is expected at the close of each session. A pro-rated fee will be charged for phone consultations greater than 15 minutes in duration.

If you are involved in domestic litigation or become a party to a divorce or custody action you agree that you will not call me to court to testify. Courts appoint professionals who have had no prior contact with a family to conduct custody evaluations and to make recommendations to the court. As a clinician it is my role to provide treatment and not to make recommendations to courts in domestic matters. It is my policy not to testify in such cases, because experience has shown that the professional relationship is often harmed when counselors testify in divorce and custody cases. By signing this form, consenting to treatment, you agree not to call me as a witness in domestic litigation or ask for written documentation for court proceeding.

A \$60.00 fee is charged for appointments in which you do not show or cancel with less than 24 hours' notice of the scheduled appointment time, and insurance cannot be billed for this fee. Exceptions can be made for sudden illness or emergencies. In case of poor weather conditions, your session will be rescheduled by the therapist and no cost will be incurred. A minimum of 2 hour notice will be given for weather related cancellations. A \$20 fee will be charged for all checks returned for insufficient funds.

Those signed below give permission for minor child _____
to be seen for psychotherapy and affirm the right and authority to give such consent.

Those signed below have read and understood the above and give consent for therapy provided by Stephanie F. Hotaling, M.A., LMFT. The therapy has been explained and questions have been answered. If 2 months have passed without a scheduled session, your file will be considered closed and can be reopened if you return to therapy at a later time.

Client signature (s): _____ Date _____
_____ Date _____