

RACHEL CAHN, MA, LPC (Attune, LLC)

948 North Street, Suite 4, Boulder, CO 80304
303 . 818 . 7575

DISCLOSURE & PRACTICE POLICIES STATEMENT

Education and Training

I have an MA with Honors in Counseling Psychology from Regis University, and a BA in Psychology from the University of California, Santa Cruz. I am licensed in the State of Colorado as a Professional Counselor. I am an EMDRIA Approved Consultant and Certified EMDR Therapist. I have been trained in PACT Couple Therapy by Dr. Stan Tatkin, am a Certified PACT Therapist and Core Faculty of the PACT Institute. I am a Certified Hakomi Therapist by the Hakomi Institute.

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the division of Registrations. The Board of Licensed Professional Counselor Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, 303-894-7800.

As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters 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 Social Worker must hold a masters degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and 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 1,000 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 bachelors degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A licensed Addition Counselor must have a clinical masters 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.

Client Information

At any time you may ask about the methods of therapy, techniques I use, duration of your therapy, if known, and my fee structure. You may always seek a second opinion from another therapist or terminate therapy at any time. If I feel that I am unable to assist you adequately, I reserve the right to suggest a referral option.

In a professional relationship, sexual intimacy between a therapist and a client is never appropriate and should be immediately reported to the State Grievance Board.

Confidentiality

Generally speaking, information provided by a client during therapy sessions is legally confidential and cannot be released without your consent. You should know, however, that there are exceptions to this confidentiality, some of which are listed in sections 12-43-218 of the Colorado Revised Statutes as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly. If you file a complaint or a lawsuit against me, according to Colorado law, your right to confidentiality is waived. The Mental Health Practice act (CRS 12-43-101 et seq.) is available at <http://www.dora.state.co.us/mental-health/Statute.pdf>

www.dora.state.co.us/mental-health/Statute.pdf

Therapy is best experienced in an atmosphere of trust. Thus, all therapy services are strictly confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. Legal exceptions to confidentiality are in place to protect your safety and the safety of others. This includes when there is reasonable suspicion of child or elder abuse/neglect; or when a client presents a danger to self, others, or property.

Couples Confidentiality _____ (Initials)

I practice a no-secrets policy when conducting marital/couples therapy, which means that confidentiality does not apply between the couple. I require that all email and texts sent to me include your partner/spouse. Any information given will not be held in confidence in couples sessions, unless mutually agreed upon under rare circumstances involving personal safety.

Litigation Limitation _____ (Initials)

Due to the sensitive nature of the therapeutic process and the fact that it often involves disclosing matters confidential in nature, it is agreed that should there be any legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Fees and Cancellation _____ (Initials)

My fee is \$300 per hour (55 minutes). You are responsible for full payment at the time of each session. Payment may be made by personal check, cash, or electronic funds transfer. Session times longer than booked are duly pro-rated.

If you are sick and contagious, please contact me before your session. I will do my best to fill it, but if I cannot you will be billed for that time.

Since my time has been scheduled specifically for you, there is a full fee charge for cancellations made less than 48 business hours in advance.

Telephone Calls

I check my messages regularly, and I will make every effort to return calls as promptly as possible. I may not be able to do so during the evening, on weekends, holidays, and personal vacations. Unless other arrangements have been made, I do charge for conversations lasting longer than 10 minutes. I do not provide 24 hour assistance. If you need emergency assistance, please call the Boulder County Crisis Line at (303) 447-1665, or call 911, or go to your nearest emergency room.

By your signature below, you indicate that you have read and understood the preceding information, you understand your rights as a client, and agree to participate in treatment within the guidelines set forth here.

Print Client Name

Client Signature

Date

Print Client Name

Client Signature

Date