



Abiding Hope Counseling

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Abiding Hope Counseling (719) 362-0132

Professional Qualifications: Master of Arts degree in Counseling - Wayland Baptist University. I am licensed through the Colorado Department of Regulatory Agencies, license #0014503. I participate in peer review and individual/ group supervision on a regular basis.

Client Rights: 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, CO 80202, (303)-894-7800. As to the regulatory requirements applicable to mental health professionals:

- 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.
- License Professional Counselor Candidate in Colorado must achieve a graduate degree in counseling or related field and achieve passing mark on the jurisprudence exam and may hold an active & equivalent counseling license in another state.
- Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.
- Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.
- Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements.
- Licensed Social Worker must hold a master's degree in social work.
- 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 Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.

As a client, you are entitled to receive information from your therapist about the methods of therapy, the techniques used, approximate duration (if known) and the agency fee structure. You are free to seek a second opinion from another therapist or may terminate therapy at any time. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers or certifies the licensee, registrant or certificate holder

Confidentiality: I will keep strictly confidential anything you say to me, with the following legal exceptions: 1) I determine that you are in danger of harming yourself or someone else; 2) you report physical and/or sexual abuse of a child, an elder or at-risk adult; 3) I am ordered by a judge to disclose information; 4) in the event that a petition for relinquishment or termination of parental rights is filed, it is understood that confidential information relevant to such proceedings may be disclosed; and, 5) you direct me, in writing, to disclose information including, protected health information, to someone

else; 6) the disclosure is part of audit or program evaluation, including approved peer and utilization reviews of participant records and case supervision/consultation; and

7) You have filed a suit or complaint against me or the agency on any cause of action arising out of or connected with the care or treatment I received. There may be additional legal exceptions to this confidentiality.

I will consult periodically with colleagues or other experts in the field regarding counseling issues.

Fees: Fees charged to clients vary depending upon program and will be discussed during initial session.

Crisis Coverage: In case of an emergency or a counseling crisis after hours, call 9-1-1 or go to the nearest hospital emergency room. Additional resources include the Suicide Prevention Hotline at 1-888-885-1222, or Aspen Pointe Crisis Line at 1-844-493-TALK (8255).

I have received the agency's HIPAA Notice of Privacy Rights relating to the use/disclosure of my protected health information.

I have read the preceding information, it has also been reviewed verbally, and I understand my rights as a client or as the client's responsible party. I agree to the conditions and policies of this agency regarding client rights, confidentiality, structure and crisis coverage.

Client Name (please print): _____

Client Signature: _____ **Date:** _____

Counselor Signature: _____ **Date:** _____