

Psychotherapy Informed Consent | Natalie Cooney LMFT/SEP

** indicates a required field*

*** Full Name**

*** Date**

Pronoun

- She/Her
- He/Him
- they/them
- Other

Gender Identification Education

- Female
- Male
- Non-binary
- transgender
- gender neutral
- Other
- Prefer not to disclose

Primary Phone

Significant family members you wish me to be informed of; i.e. children, significant others, those that live in your house with you.

Email address (optional) for scheduling and referral communication only

Email is only solely to provide contact for referrals, practice policy updates, and scheduling purposes. It is not used in place of therapy or as a tool for therapeutic conversations lasting longer than 10 minutes to reply. Your email will never be used or sold for any other purpose. Like other forms of contact, I respond to and reply to emails during business hours and within 24-48 hours. If you email or call due to an emergency, please call 911 instead.

Psychotherapy, Modalities used, Risks and Benefits to this Healing Journey

Together, with my experience and training as a Marriage and Family Therapist, I use a trauma informed approach to healing trauma called Somatic Experiencing® (SE). Somatic Experiencing (SE) is a natural approach to trauma healing that will help you learn how to settle and release physiological activation from your body. Very often this process helps people to reduce stress and return to a sense of regulation and mastery in their lives. SE will support you in learning how to attend to uncomfortable sensations in your body and gently unwind them through your conscious attention. SE is incredibly useful in managing stress and trauma resolution because so many of the symptoms are physiological. If you would like to read more about SE, visit our website at www.traumahealing.com or read *In an Unspoken Voice* by Dr. Peter Levine. I am also trained in and use EMDR, PACT (Psychobiological Approach to Couples

Therapy), ATTACHMENT Focused EMDR, NeuroNutrient Nutritional and Targeted Amino Acid Therapy, Integrative Medicine for Mental Health, and Somatic Resilience and Regulation touch skills for using touch in therapy to repair trauma.

CREDENTIALS

I am a Licensed Marriage and Family Therapist (LMFT#94578) in the state of California and a Licensed Marriage and Family Therapist in the state of Colorado (LMFT#0001680). I am also a Somatic Experiencing® Practitioner through the Somatic Experiencing Trauma Institute and work closely with the SE institute as a Lead Assistant and am an approved provider to professionals in how to practice SE around the world. I served grieving communities at Hospice of the North Coast prior to entering into private practice years ago. My background is in yoga and in massage therapy (CMP#31160) and come into this psychotherapy practice with 10 years of bodywork experience. I am trained in EMDR I, II, and Attachment-Focused protocols. Another angle of my practice I might educate my clients about comes from my training in integrative medicine. I am a Certified Mental Health Integrative Medicine Practitioner and I am trained in Food Fundamentals, NeuroNutrient Therapy, and Advanced Amino Acid therapy techniques. I am also trained in Somatic Resilience and Regulation touch skills for developmental, nervous system and attachment repair. All of these techniques are used to craft treatment that fits with what you might need. I also work with couples using PACT (Psychobiological Approach to Couples Therapy).

BENEFITS AND RISKS

SE®, EMDR, PACT (Psychobiological Approach to Couples Therapy), IFS (Internal Family Systems- Parts work), Developmental Relational Rupture and Repair, NeuroNutrient Nutritional and targeted amino acid therapy, Mental Health Integrative Medicine, touch for trauma resolution and nervous system regulation, and my other modalities and techniques have many benefits such as an increase in your ability to self-soothe, be at ease in your life, and feel empowerment in the face of adversity. You will be learning how to reorganize at a higher organic intelligence. You will be sorting and discharging "body memory", which is often vital to learning how to relax and calm your nervous system.

However, there may also be risks as with any treatment that focuses on healing trauma, neurotransmitter and nutritional deficiencies and stuck traumatic material. Although these modalities, my training, and my intent are designed to help you restore resiliency, you may experience challenging feelings, images, or thoughts in the process. It is important you acknowledge that with this work, you will change, and in that process you will feel tension, grief, transformation, and awakening.

With that said, many people report and move through this in the process of therapy. Many report having been helped tremendously, and treatment has created positive change in their lives.

*** CONFIDENTIALITY** Everything that you share with me will remain confidential. There are a few reasons, however, I am required to break confidentiality by law. It is important that you understand the legal exceptions to confidentiality. 1. Danger to self. If you are a danger to yourself and have an active plan to harm yourself. In this case I would contact the hospital to place you on a 72-hour hold. 2. Danger to others. If you were planning to seriously harm another person, I am required to contact the police department and the person threatened. 3. Suspected child abuse or elder/dependent abuse. If I learn of child or elder/dependent adult abuse, confidentiality will be broken and I will contact protective services immediately. If I learn of a child abuser from a person's past who is actively still around children and there is reasonable suspicion that he/she is still actively abusing children I am mandated to report him or her. Confidentiality is also waived when you sign an authorization to release information or when a minor's legal guardian signs such a release. Confidentiality may also be waived when the therapist is served with a court-ordered subpoena and is advised by professional legal counsel to release the subpoenaed information. Additionally, in order to ensure a professional standard of care, your therapist will regularly engage in peer consultation during which only relevant information may be disclosed and client's identity will remain protected.

I consent to sharing information provided here.

*** FEES** My hourly session rate is \$175 and runs 50-55 minutes. This fee is configured from current market value, specialized training, advanced techniques, holistic, multi-angle approaches, integrative experience, and time spent preparing for your sessions, researching, studying, and working in and outside of session on your behalf. Payment is due at the time of service and can be rendered either by cash, check, Venmo, or credit/debit card (Visa/MasterCard only). The fee we have discussed per individual/couples/group/family sessions is:

*** FEES and PRACTICE POLICIES** I will reserve a third of my practice for low-income individuals and couples. BIPOC, LGBTQIA+, or specific financial hardship per person whom may be eligible for a sliding scale will be assessed per case and dependent on current openings. If my fee does not work for you and is unsustainable please let me know and I can collaborate with you about referrals to another practitioner. Any negotiated fee different from my hourly rate or any sliding scale fee is temporary for 3-6-9 sessions (negotiated after 1-3 assessment sessions). All fees are subject to change each year with my prior 30 day verbal or written communication. Breaks from therapy are normal. However, if time away from this therapeutic practice is more than 2 months, our clinical relationship becomes inactive and all prior goals, paperwork, consents and rates are subject to renewal upon your return, this includes practice rate policies and updates. Reports prepared on your behalf will be charged a pro-rated fee. You will always be asked prior to my use of any additional fees for consultation or reports outside of your regular fee. You may desire to take some assessments that you will be responsible for paying for. A \$25 charge is made for any check returned to me as non-payable for any reason. Accounts over 90 days past due may be sent to collections and additional fees may be applied. _____

I consent to sharing information provided here.

*** INSURANCE** I am an out-of-network provider and all sessions are private pay at the time of service. If you are interested in using insurance for reimbursement, please contact them to inquire about out-of-network coverage. I can supply you with a Super Bill that you can submit to your insurance company for possible reimbursement. By asking for a Super Bill you consent to the release of your diagnosis, treatment type (individual/couples/group), dates and frequency of sessions _____

I consent to sharing information provided here.

*** 24 HOUR CANCELLATION POLICY** If you decide that you need to cancel a session, you must contact me 24 hours before your scheduled session date and time at 760.456.7713. This means that if you have an appointment at 11:00am on Tuesday, you would need to cancel by 11:00am on Monday*. The session day and time you have reserved is reserved and prepared for you. My 24-hour cancelation policy makes it possible to schedule other clients who could benefit from the availability. These policies apply to me also. I will contact you with at least 24 hours notice if I need to reschedule. If for any reason I miss our scheduled appointment without notifying you, I will provide your next session free of charge. *Day of, life-threatening emergencies requiring 911, police, immediate hospitalizations, and near death ER support are bound to happen with grace on my end. Waving of the 24-hour cancelation fee **DOES NOT** apply to day of sickness, weather, road conditions, forgetfulness, scheduling errors or similar non-life threatening situations. A telehealth session may be offered in these cases, if appropriate. _____

I consent to sharing information provided here.

*** You are responsible for paying for the total cost of the missed therapy session if you "no show" without communication, or cancel within the 24-hours prior to your scheduled appointment. This is the notice that this will happen, we are not obligated to confirm with you that this is okay for us to charge when no-shows/late cancelations happen. Previously scheduled future session dates/times will be canceled and the scheduling of future sessions will be stalled until the missed session balance is paid.** _____

I consent to sharing information provided here.

MANDATORY DISCLOSURE

The Colorado Department of Regulatory Agencies requires you to be informed of the following information in both written and verbal forms:

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 Psychologist 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 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 bachelors 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 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.

Natalie Cooney, MA, SEP, LMFT is a Licensed Marriage and Family Therapist in the State of Colorado (license #.0006180) and in the state of California (#94578).

You are entitled, to receive information about the methods of therapy, the techniques used, the duration of your therapy, if known, and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time.

*** PROFESSIONAL CONDUCT** As with any professional relationship, the psychotherapeutic relationship requires high standards of moral, ethical, and appropriate conduct on the part of the psychotherapist. Any form of sexual intimacy between a therapist and a client is never appropriate. I can supply you with the booklet "Therapy Never includes Sex" upon your request if sexual intimacy has ever occurred between you and a therapist during any previous courses of psychotherapy. _____

I consent to sharing information provided here.

*** TERMINATION** You have a right to terminate at any time and for any reason. Some reasons might include if you feel like we are not a good fit, you would like to seek a different modality of treatment, you can no longer afford sessions, you don't seem to be benefitting from our work, or you are not wanting to work towards the goals proposed. Therapists typically terminate when the patient can no longer pay for services, when the therapist determines that the patient's problem is beyond the therapist's scope of competence or scope of license, when the therapist determines that the patient is not benefiting from the treatment, when the course of treatment comes to an end because of the improvement of the patient, or when the therapist is unable, for appropriate reasons, to continue to provide care. If termination seems to be appropriate due to one of the above mentioned items, I will be communicating with you prior to termination about these reasons, talk through what termination means and provide you with referrals. As we usually have an open door policy for clients that take breaks from therapy or previously terminate work and are ready to come back. However, we may not have openings available upon your return or our practice specialties may have changed and we may no longer fit your goals. If this practice is full and you would like to come back, you will be given referrals or given a period of time to return back to check in with openings. _____

I consent to sharing information provided here.

*** COMMUNICATION My 24-hour secure voicemail is available for your convenience of communication. I will respond as soon as I am able. I strive to respond or reply within 24-48 hours during my work week which is Monday-Thursday 8am-5pm Mountain Time. This also applies to email and texting communication (which are not secure). Please use email for scheduling at this time. Scheduling and referral information is within my out-of-session communication policy. Please schedule a session if you'd like to discuss other topics. Time will be prorated per minute if an email, text, or phone call requires longer than a 10-minute response or dialogue. I will be mindful of this limit and communicate as needed. Any text, call, email received outside of working hours will be replied to during business hours at my earliest convenience. *In addition to regular office hour communication expectations, I frequently train, attend conferences, and retreat to stay in-shape as a practitioner and I am often out of the office between 4-8 weeks a year. I will provide a therapist to be on call for my practice if I am out of the office longer than 5 consecutive business days. If you read this and feel that our taking this time will be problematic for your process, I encourage you to talk with us and ask for referrals for the level of care you feel is best.**

I consent to sharing information provided here.

* **SESSION FORMAT** Sessions begin at the time of the scheduled appointment. Sessions are offered in person in Colorado or via telehealth secure video. Sessions are done seated in a chair, couch, or laying on a treatment table depending on your preference. For SE incorporation in therapy you will be asked to share an impression of the sensations that you feel in your body, such as tightness, heat, shakiness, expansion, relaxations, etc. I will teach you ways to track, or follow, these sensations with your awareness and come to a place of re-balance. During therapy sessions with Somatic Experiencing, I also draw upon Internal Family Systems theory (Parts work), attachment theory, PACT (Psychobiological Approach to Couples Therapy), Eye Movement Desensitization Reprocessing (EMDR), NeuroNutrient Nutritional and Targeted Amino Acid Therapy, spiritual direction, Family Systems, Developmental Psychophysiology repair techniques, amongst many other advanced techniques. Of course, you have choice when deciding which treatment approaches you would like us to use together, however, I will suggest what feels most productive and effective for you. I will try my best to regularly discuss the best pathway ahead for your healing process. You can expect the first 1-3 sessions as assessment to see if your goals and our treatment processes are in alignment. We'll be gathering attachment history, food and lifestyle practices, current symptoms and triggers, setting specific goals and creating a treatment plan and practices/tools to get you started on your healing journey. _____

I consent to sharing information provided here.

* **TOUCH** I may offer you touch or intention touch (virtual) to support the following experiences: grounding, containment, supportive, or awareness building. I might also offer touch to regulate certain body systems and help regulate certain organs. I have specialized training in down-regulating stress physiology (Kathy Kain's SRR: Somatic Resilience and Regulation, Co-regulation touch). You will always be asked before being touched and have the right and my full support to decline. If you do not feel comfortable with touch, or if the session does not call for it, session work will not include touch. _____

I consent to sharing information provided here.

*** CONFIRMATION** It is a great honor for me to work with you. It takes strength and courage to explore greater self-awareness and healing. I feel privileged to support you in reaching your goals! Please sign below to verify you have read and understood all of the above information. Feel free, at any point, to ask for clarification regarding the above information during the course of therapy. Any treatment protocols or experiential treatment modalities used throughout our time together will be discussed and asked for consent, if not delineated above. By signing below you consent to treatment and noted policies outlined above and in the **Compass Healing Project Notice of Privacy Practices.** _____

I consent to sharing information provided here.

Guardian Signature if necessary _____

I consent to sharing information provided here.