

Psychotherapy Informed Consent 2023 | 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

*** Date of Birth**

Approximate time of Birth

City and State you were born in

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), Advanced Strategies for Sexual Embodiment, ATTACHMENT Focused EMDR, Internal Family Systems (Parts Work), NeuroNutrient Nutritional and Targeted Amino Acid Therapy, Integrative Medicine for Mental Health, Energy Medicine, and Somatic Resilience and Regulation touch skills for using touch in therapy to repair trauma and heal stuck stress physiology.

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 and energy medicine. I am a Certified Mental Health Integrative Medicine Practitioner and I am trained in Food Fundamentals, Neuro-Nutrient 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. I use Internal Family Systems (Parts work) to help resolve stuck protective states, integrate repressed parts of the self, and find authentic core self leadership. I work with couples using PACT (Psychobiological Approach to Couples Therapy) and EFT (Emotionally Focused Therapy). I am MAPS MDMA-Assisted Therapy trained and certified and offer psychedelic and/or non-ordinary states of consciousness integration work for Psilocybin, MDMA, Holotropic BreathWork, and Ketamine. Finally, I am currently under training and supervision by Dr. Dr. Tina Schermer-Sellers at NWIOI for the AASECT Sex Therapist credentials.

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, sex therapy, psychedelic integration work 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. Other risks are big changes in your life, many people find that certain relationship, jobs, dynamics, and behaviors are no longer adaptive for them and are faced with changing these dynamics at the root.

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 \$200 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. If you are an SE student using this session for credit towards practitionership, my student rate is \$175. If you want to continue to work with me after you complete your required hours, your rate will be \$200. Payment is due at the time of service and can be rendered either by cash, check, Venmo, or credit/debit card (Visa/MasterCard only).

* 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. All fees are subject to change each year with my prior 30 day verbal or written communication. Breaks from therapy are normal and recommended for integration of therapy into life. Please talk with your therapist if you are wanting to move into maintenance or integration frequency. If you decide to take a break and put no other sessions on the calendar, be aware that after 3 weeks without a scheduled session you are no longer considered under our care and your file is closed. This means that our clinical relationship becomes inactive and all prior goals, paperwork, consents, and rates are subject to renewal upon your return, this includes practice policies, rates, and updates. I may or may not be able to work with you if you decide you want to return to work with me. If I am unable to work with you upon your return, I will recommend qualified clinicians you can journey with. 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 waiving this fee on my wend. 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 tele-health session may be offered in these cases, if appropriate. There are times, in Colorado, weather conditions make it unsafe for travel. I will reschedule the in-person appointment 24 hours prior to the weather event or discuss with you if tele-health is 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. In this era of teletherapy I will wait 10 mins into scheduled session time until I will then reach out to you. If I do not hear from you within the first 15 minutes of our booked time, the session is considered a "no-show" and the full fee will be assumed. After which, I will not be available for the remaining hour, unless lateness is communicated in the first 15 minutes. After 15 minutes and no correspondence, I will exit the virtual meeting room.**

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 #.0001680) 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.

SCOPE OF THIS PRACTICE. This is a private practice that specializes in body oriented approaches to healing. I do not work with certain areas that require an expertise and a level of care that is outside of the scope of this practice. Some of these areas I do not work with: Suicidal Ideation (Active or Passive, past or present, case by case assessment), Schizophrenia and/or psychosis spectrum, and pedophilia related disorders. This is not an emergency or crisis response practice and we are not available for this level of care.

This practice is LGBTQIA+ affirming. Kink and Alt+ relationship affirming, supportive, and allied. I am passionate about breaking open traditional love and creating support for all of love's variations of gender, sexuality, and relationships. I will meet you and welcome you.

I work primarily with adult attachment and self discovery, processing trauma, Post Traumatic Growth, spirituality and sexuality. I feel that depression, anxiety and PTSD are best treated with a body-oriented, whole-person, and system you live-in perspective.

* **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 9am-5pm Mountain Time. This also applies to email and texting communication (which are not secure). Please use email for scheduling at this time. Or go the the online web scheduler to cancel or request a session. 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 6-8 weeks a year. I will provide a therapist to be on call for my practice if I am out of the office longer and unreachable. If you read this and know my trainings/retreat time will be problematic for you, I encourage you to talk with me at our initial intake and ask for referrals for the level of care you feel is best. This practice is not equipped or trained for 24/7 phone, email, or session, maintenance contact, or emergency availability. _____

I consent to sharing information provided here.

*** RELATIONAL THERAPY (Couples, Partners, all alternatives to plus +1 in the therapy room)** If you are here to work on a relationship problem, it's important for you to understand what I believe about relationships, marriage, partnerships+. First of all, I do not have preconceived notions about whether you should stay together or part ways. I believe it is important to explore such questions openly, honestly, and thoroughly. Once your goals are established, I will work diligently to support you in achieving them, whatever they may be. Second, you are entrusting me to use my professional judgment as it relates to my work as a Psychobiological Approach to Couples Therapy therapist. This modality involves a deep assessment of your history individually, your history as a couple, your attachment dynamics, stress-response, emotional regulation skills, neurodiversity, trauma history, and communication capacities, etc. This enables me to establish and facilitate an effective, productive, and clear treatment plan and process. **NO SECRETS POLICY:** Anything you communicate to me individually by phone, email, or any other means may be important to bring up and work on in a couple therapy session, and I reserve the right (but not the obligation) to do so. If you communicate with me outside of session, without all parties present, this (the communication with me, plus what was communicated) will need to be discussed in the next session. **SCHEDULING & SESSION POLICY:** Sessions begin when both partners have arrived to the session. Sessions begin at the scheduled time and will not go over reserved session hours, lateness from one or all client parties does not change the end time of pre-scheduled session. Both parties will be present for scheduling (end of session or email reply all). I do not provide individual therapy to parts of a relationship, however I may refer you for individual and ask for a signed release to speak with your individual therapist for on-going collaboration. If we are working as a group, we will always work as a group. If we are working individually, will will always work individually. However I may recommend you do couples work and refer you. By signing below, you agree to and understand the limits and policies around doing relational work.

* **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, energy medicine, applied personality paradigms-including the enneagram and applied astrology, 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, gathering information and the development of a collaborative treatment roadmap for your journey. The first few sessions are almost always telling of whether or not I am a good fit for your goals and to see if your goals and my treatment processes are in alignment. We'll be gathering attachment history, a three generation exploration of where you come from, 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.

Social Media Policy

Compass Healing Project has various social media accounts (ie: Facebook, Twitter, LinkedIn and Google+), allowing us to share practice information, news and event updates with other social media users. However, there are seasons where we may take a break from these services! Social Media is complicated and we actually feel most beneficial offering therapy to people, so that is where most of our time is spent. This document outlines our practice's policy related to use of Social Media. Please read it to understand how we conduct ourselves on the social sites as mental health professionals and how you can expect us to respond to various interactions that may occur between clients and clinicians on the Internet.

This policy is not meant to keep you from sharing that you are in therapy at CHP or with a particular therapist wherever and with whomever you like. Confidentiality means that we cannot tell people that you are a client. You are encouraged to take your own privacy as seriously as we take our commitment of confidentiality to you.

FRIENDING

Therapists are not permitted to accept "friend" requests from current or former clients on their personal social networking sites (Facebook, Twitter, LinkedIn, etc.). Adding clients as "friends" on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when you meet with your therapist.

LIKING/FOLLOWING

You are welcome to "like" or "follow" our social media feeds and read or share articles we post; however, because social media sites are public spaces, anyone who can see our social media pages can see your post or comment. In addition, when you post, comment, or "like" a page, it will be published on your page as well.

Our primary concern is your privacy. You are welcome to use your own discretion in choosing whether to follow our practice. In order to maintain ethical boundaries, therapists are not permitted to follow you back. We believe casual viewing of clients' online content outside of the therapy hour can create confusion in regard to whether it's being done as a part of your treatment or to satisfy curiosity. In addition, viewing your online activities without your consent and without our explicit arrangement towards a specific purpose could potentially have a negative influence on the therapeutic relationship. If there are things from your online life that you wish to share with your therapist, please bring them into the sessions where those things can be viewed and explored with your counselor, during the therapy session.

TEXTING/MESSAGING

Please do not use SMS (mobile phone text messaging), wall posting, @ replies, messaging on Social Networking sites in order to contact your therapist. Engaging with your therapist in this way could compromise your confidentiality and the therapist may not even receive your message. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

USE OF SEARCH ENGINES

It is NOT a regular part of our practice to search for clients on Google or Facebook or other search engines. Due to the fact that therapists are mandated reporters, extremely rare exceptions may be made during times of crisis. If a therapist has reason to suspect you are in danger and you have not been in touch with your therapist via usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if your therapist resorts to such means, the information will be fully documented and discussed with you during your next session.

* **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, your schedule and my schedule aren't aligning or allowing for the frequency you need, you don't seem to be benefitting from our work, or you are not wanting to work towards the goals you indicated, or you feel you have reached the goals you indicated at the onset of our work together. 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 or not open to doing this level or type of work, 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 due to schedule misalignments, illness, or practice changes. 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 for your continued care. 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. Your case will be considered closed/terminated and you will no longer be considered under my care if 3 weeks pass without session scheduling or communication of intent to continue with therapy together. At that time, you will no longer be under my care and your position on my caseload will be released to another client. _____

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.

* By signing below you are indicating you understand the above practice policies, have received information regarding your right to a Good Faith Estimate, the privacy policies, and consent to treatment at Compass Healing Project: _____

I consent to sharing information provided here.

* Today's Date