

*Rachel Pearl VanEtten* MA, LPC 

***Welcome, I am glad you're here and ready to begin therapy.***

All clients need to print, complete, and bring the following forms to our first visit:

Included in this packet:

- Mandatory Disclosure/Informed Consent
- Telehealth Informed Consent
- Statement of Fee Agreement
- Therapist Policy Statement

Select Client Intake Form (separate link):

- Print Child or Adult Intake Form
- Complete and bring to our first session

If you are unable to complete or download these forms, please contact me and arrive prior to your session time to complete.

***I look forward to meeting you in person!***

*Rachel P. VanEtten*

*Rachel Pearl VanEtten* MA, LPC 

## **Mandatory Disclosures/Informed Consent**

My degree is Master of Counseling from Naropa University, 2010. I am a Licensed Professional Counselor (LPC); my license number: LPC.0011341. I have a Master of Education from Adams State University, 2016, endorsements in Early Childhood Education/Culturally Linguistic Diverse.

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, and unlicensed individuals who practice psychotherapy.

*The agency within the Department that has responsibility specifically for licensed psychotherapists is the Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1370, Denver, Colorado 80202, 303-894-7766.*

### **Client Rights and Important Information:**

You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. Please ask if you would like to receive this information.

You can seek a second opinion from another therapist or terminate therapy at any time.

In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section.

The information provided by and to a client is protected as confidential under law (CRS 12,43,214 (a)(d) with certain exceptions. These exceptions include suicidal, homicidal, and grave disability risk, child abuse and child neglect, and elder abuse and elder exploitation. Please note: Child abuse refers to any child abuse you discuss in therapy or that is observed. This includes illegal sexual contact between two minors, or abuse of children outside your family. I am mandated to report suspected child abuse.

Information disclosed to a licensed professional counselor is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony

sought relates. As of July 1, 2017, Colorado law requires that client records be kept for seven years after termination of services. Records will not be maintained after the seven year retention period.

If you are involved in a divorce or custody litigation, you need to understand that my role as a therapist is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in the litigation. By signing this disclosure statement, you agree not to call me as a witness in any such litigation. Experience has shown that testimony by therapists in domestic dispute cases causes damage to the clinical relationship between a therapist and client. Only court-appointed experts, investigators, or evaluators can make recommendations to the court on disputed issues concerning parental responsibilities and parenting plans.

Legal confidentiality does not apply in a criminal or delinquency proceeding.

If you are in couple's therapy with me, it is important for you to know that I will not keep secrets for either person from the other that may be harmful to the therapeutic relationship. If you are a minor and you engage in an activity that I deem to be dangerous to your well-being, this information will not be kept from your parents.

I will seek consultation and supervision regarding your therapy when appropriate, and every effort will be made to keep your name and other identifying information as confidential as possible.

If you have any questions or would like additional information, please feel free to ask. I have read the preceding information and understand my rights as a client.

\_\_\_\_\_ **Date**  
**Client Signature**

\_\_\_\_\_ **Date**  
**Parent/Guardian (client under 18)**

\_\_\_\_\_ **Date**  
**Parent/Guardian (client under 18)**

\_\_\_\_\_ **Date**  
**Rachel P. VanEtten, MA, LPC**

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## **INFORMED CONSENT FOR TECHNOLOGY ASSISTED/ TELETHERAPY**

This document is an addendum to the previously signed Mandatory Disclosure Informed Consent form and applies to all video therapy sessions and scheduling. I hereby consent to engage in HIPPA compliant technology assisted therapy (i.e. teletherapy) with Rachel Pearl VanEtten, LPC. I understand that teletherapy includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communications. I understand that teletherapy also involves the communication of my medical/mental health information, both orally and visually. I understand that I have the following rights with respect to teletherapy:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
2. The laws that protect the confidentiality of my mental health information also apply to teletherapy. As such, I understand that the information disclosed by me during my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are discussed in detail in the Mandatory Disclosure Informed Consent form provided when I began therapy with Rachel Pearl VanEtten, LPC.
3. I understand that there are risks and consequences from teletherapy, including, but not limited to the possibility, despite reasonable efforts on the part of Rachel Pearl VanEtten, LPC, that the transmission of my information could be disrupted or distorted by technical failures, or the transmission of my information could be interrupted by unauthorized persons.
4. Technology: Teletherapy may include but is not limited to the use of computer hardware/and or software, tablets, phones or other electronic devices and internet-based applications. Teletherapy is provided utilizing technology and there are inherent risks with internet or other connectivity. By signing this form, you agree that, should either your connection or your therapist's connection disrupt your session causing your session to end prematurely, your therapist will attempt to reconnect with you by telephone to complete your session.
5. Misunderstandings are possible with teletherapy. Even with video specific software, misunderstandings may occur, since bandwidth always has limits and images provide less detail than we are able to experience in person. Therapists are observers of human behavior and gather much information from body language, vocal inflection, eye contact, and other non-verbal cues. Also, there may be cultural, language, or vernacular differences that may affect delivery of services. If you have never engaged in online therapy before, have patience with the process and clarify information if you think your therapist has not understood you well. Be patient if your therapist asks periodically for clarification as well. It is their way of ensuring they are capturing your authentic experience.
6. Please keep in mind that you are responsible for cancelling or rescheduling any scheduled appointments in compliance with my standard 24-hour cancellation policy. Any cancellations or requests to reschedule appointments that are received within 24 hours of the scheduled session time will be assessed the full session fee.

7. Although the internet provides the appearance of anonymity and privacy in therapy, privacy is more of an issue online than in person. You are responsible to be present in your teletherapy session in a confidential manner. The therapist has a right to his or her privacy and does not authorize the recording of any sessions. By signing this form you agree that you will not record any video therapy sessions with Rachel Pearl VanEtten, LPC.
8. Maintaining client confidentiality is extremely important to the therapist and the therapist will take ordinary care and consideration to prevent unnecessary disclosure. Information about clients will only be released with their permission with the exceptions of the situations described in the Mandatory Disclosure form.
9. In addition, I understand that teletherapy based services and care may not be as complete as face-to face services. I also understand that if Rachel Pearl VanEtten, MA, LPC. believes I would be better served by another form of therapeutic services (e.g. face-to-face services) I will be referred to a professional who can provide such services in my area. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my therapist, my condition may not improve, and in some cases may even get worse.
10. understand that while I may benefit from teletherapy, the results cannot be guaranteed or assured.
11. I accept that teletherapy does not provide emergency services. If you are experiencing an emergency, please call 911 or proceed to the nearest hospital emergency room for help. If you are having suicidal thoughts or making plans to harm yourself, you may also call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24 hour hotline support.
12. I understand that I am responsible for: providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, the security information on my computer, and arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session.
13. I understand that this Consent to Teletherapy form is an addition to the initial packet of Consent Forms.

\_\_\_\_\_ \_\_\_\_\_  
**Client** **Date**

\_\_\_\_\_ \_\_\_\_\_  
**Date**

**Parent/Guardian (client under 18)**  
 \_\_\_\_\_ \_\_\_\_\_  
**Date**

**Parent/Guardian (client under 18)**  
 \_\_\_\_\_ \_\_\_\_\_  
**Date**

**Rachel P. VanEtten, MA, LPC**

*Rachel Pearl VanEtten* MA, LPC 

## Statement of Fee Policy

*Please read and sign as your agreement to 2025 updated fee policy. Your signature does not bind you to therapy, it does hold you responsible for payment. The following policies are outlined to make the best use of your therapy time.*

### **Payment Options. Please choose one of the payment options below:**

#### **Private Pay.**

- \$175 per clinical hour (50 minutes) This rate applies to all psychotherapy and consultation sessions: individual adult, play therapy, parent/family sessions, and any school meetings.
- Post session phone calls regarding themes are offered for 10 minutes weekly, or 20 minutes bi-weekly, are included in the above clinical hour rate. Time boundaries will be strictly held.
- Clinician or parent may request a longer session than that will be schedule on Zoom or in person for the following rates: 25-35 minutes: \$90.00 | 35-50 minutes: \$175.00.
- Invoices are sent by Quickbooks post session to be paid online the week of session.

#### **Insurance. Headway.co**

- Please complete verification paperwork prior to your intake session.
- Clinician will calendar and complete required notes on Headway.
- Client is responsible for co-pay and managing all billing issues through Headway.
- Phone check-ins post session regarding themes for 10 minutes weekly, or 20 minutes bi-weekly, are NOT included when using insurance for psychotherapy due to billing time constraints.
- Parent check ins can be weekly, bi-weekly, or monthly TBD using CPT code 90846 (family psychotherapy without patient present) 26-50 minutes on Zoom or in office.

#### **Sliding Scale.**

If these options present a barrier for treatment, please contact me directly.

#### **Auxiliary Services.**

Court reports, legal testimonies, or requests to communicate with child family investigators or attorneys are charged at \$350 per hour. This fee also includes travel time required for such services. Note that insurance companies will not cover legal requests. Please be advised that this therapist is not an attorney, nor holds herself out as an attorney.

#### **Cancellations.**

Cancellations received **without 24 hours** notice will be **charged in full**. There will be exceptions made for inclement weather. Canceling due to sickness 3 times, requires a conversation about treatment plan.

#### **Emergencies.**

Clients seen in outpatient psychotherapy are assumed to be responsible for their day-to-day functioning. Therefore, Rachel Pearl VanEtten, MA, LPC is not available for crisis calls that occur outside of scheduled appointments. If you have an emergency please do the following:

**Call 911 or to to your local hospital emergency room**  
**Colorado 24/7 Crisis Line 1-844-493-8255 or text“TALK” to 38255**  
**National Suicide & Crisis Lifeline: 24/7 Call or Text 988**  
**Children's Hospital: Open 24/7 | 720-478-5000 | 469 CO-7, Broomfield, CO, 80023**

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Signature of Responsible Party

Date

*Rachel Pearl VanEtten* MA, LPC 

## **Policy Statement**

### What your therapist DOES:

- Provides psychotherapy for children (ages 4-12), parent/family sessions, and individual adult counseling sessions that supports healing.
- Suggests books, community resources, support groups, classes, and information for parents that may help with family system dynamics.
- A mandatory reporter, reports harm to self or others to Colorado Law.

### What your therapist DOES NOT DO:

- Mediation.
- Get involved in the legal aspects of court cases or testify in court.
- Make any recommendations regarding parenting time, custody or visitation for children in divorce or separation situations.
- Evaluate a child for possible sexual or physical abuse or neglect.
- Discuss your child or any issues relating to your child with child and family investigators, attorneys, parental responsibility evaluations or anyone other than care providers/parents, to preserve client confidentiality and my commitment to my client.
- Evaluate any other relationship other than the one the child has with me.

I understand that a second mental health therapist or special advocate specifically hired as an evaluator can offer recommendations to an attorney or to the court. I agree not to ask my therapist to communicate with an attorney or with any court about what she knows about me or my child.

**I have read and understand these policies.**

\_\_\_\_\_ **Date**

**Client**

\_\_\_\_\_ **Date**

**Parent/Guardian (client under 18)**

\_\_\_\_\_ **Date**

**Parent/Guardian (client under 18)**