



Informed Consent

Welcome to In the Moment Counseling, LLC! I am excited to get to know you and look forward to collaborating with you to meet your goals. The first step in a new direction is often the hardest to take, and I am honored to accompany you on this journey.

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask any questions that you may have regarding its contents before signing it.

Information about Your Therapist:

In the Moment Counseling, LLC is owned by Kendra Liedtke, MSW, LCSW. I received a Master of Social Work Degree from the University of Denver and am a Licensed Clinical Social Worker in the state of Colorado (license #992871). I have received specialized Level 1 and 2 training in EMDR therapy and have obtained my certification in EMDR therapy through the EMDR International Association. I also have specialized, intensive training and over 14 years experience providing individual and group Dialectical Behavior Therapy (DBT). I am heavily influenced by Internal Family Systems (IFS) therapy. I practice from a strengths-based, trauma-focused, eclectic professional orientation, utilizing techniques from multiple psychotherapeutic theories in order to meet the unique needs of my clients. If you wish, I am happy to provide more information about my clinical background, experience, education, special interests and professional orientation.

The therapists at 1189 South Perry Street, Suite 110D, Castle Rock, CO 80104 share an office suite, but are not considered a group practice. Each therapist's practice is separate, and each is solely and entirely responsible for any liabilities resulting from that practice.

Financial and Payment Policies:

The fee for service is \$110.00 per 50 minute therapy session. I do reserve the right to periodically adjust the fees and will notify you in advance so that you can make the appropriate accommodations. Fees are due in full at the time of service.

Checks, cash and credit/debit cards are accepted for payment of services. If you choose to pay with cash, please have the proper amount, as I do not provide change. You may also choose to utilize a Health Savings Account (HSA) or Flexible Spending Account (FSA) for payment of services.

If a check is returned due to insufficient funds, a reprocessing fee of **\$35** will be charged. Subsequently, all payments will be requested in cash or credit card.

If you end therapy with an unpaid balance and do not make arrangements to settle the bill, your account may be turned over to a collection agency. Any costs incurred in the collection are your responsibility.

Telephone conversations of a clinical nature exceeding 10 minutes in length will be charged at the prorated fee of a face-to-face session.

If for some reason you find that you are unable to continue paying for your therapy, please inform this therapist. I will help you to consider any other options that may be available to you at that time.

Third Party Payors:

When applicable, I do accept and work with the following payor sources: Medicaid (Adams, Arapahoe, Denver and Douglas Counties), Medicare Part B of Colorado and Victim Compensation Funding. It is your responsibility to notify this therapist of coverage by, or any changes to, the fund-sources listed above. You also understand that signing this form gives me permission to communicate with your insurance company, third-party payor, collections agency or anyone connected to your therapy funding source regarding payment.

This therapist is considered an out-of-network provider for all other private insurances. This means you are legally responsible for full payment of services directly to this therapist, due at the time of services rendered. However, many insurance companies will reimburse a portion of fees for out-of-network providers. Upon your request, I will provide you a bill that may be submitted, along with any required insurance claim forms, to your insurance company to collect out-of-network reimbursement for your therapy sessions. Please be aware that if you desire to pursue possible reimbursement from your insurance company, it is your responsibility to work with your insurance company regarding any reimbursements. I recommend that you check with your insurance company prior to our first session to identify their out-of-network policy. I cannot tell you what your particular plan covers and have no role in deciding what is covered. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions, which then become part of your medical record.

Appointment Scheduling and Cancellation Policies:

Consistent attendance to therapy sessions greatly contributes to a successful outcome. It is common for clients in my practice to be seen on a weekly or bi-weekly basis. However, frequency and duration of treatment is dependent on your presenting issues and goals for treatment.

When you schedule an appointment, understand that you are entering into a contract for Kendra Liedtke's professional time and services and the appointment time is reserved for you. You are required to provide 24 hours notice (via voicemail/text at 720-295-1199 or email at Kendra@InTheMomentCounseling.com) should the need to cancel or reschedule arise. **If an appointment is missed, or canceled with less than 24 hours notice, you will be charged the full fee for that missed session, due at the time of the next scheduled session.** Exceptions to this policy due to unexpected illness or emergency may be granted at the discretion of the therapist.

For scheduled sessions, if you have not arrived within fifteen minutes of the scheduled appointment and there has been no ability to connect with an outreach attempt, the session will be treated as a cancellation without 24 hours notice.

***Please note:** If you are utilizing Medicare or Victim Compensation Funding for payment of services, they will not pay for any missed or late cancellation fees that may be accrued. The client will solely be responsible for any of these fees accrued. Clients covered under Medicaid are exempt from the late cancellation/missed appointment fee.*

Appointment Reminders:

Clients often request reminders for their appointments to avoid missing or having to pay for a missed appointment. To assist with this need, In the Moment Counseling will provide reminder voicemail, text and/or emails the day before your appointment. Should you desire appointment reminders, please indicate your preferred appointment reminder method on the Client Registration Form. The information you provide will be used for scheduling purposes only, and will not contain clinical information.

Electronic Communication Policies:

Email and Text Messaging: There are risks to confidentiality with any electronic modality. Please be aware that electronic communication (i.e. email and text messaging) will only be used with your permission and only for administration purposes (i.e. scheduling/rescheduling appointments). If you agree to communicate via electronic communications such as telephone, text or email, or any other electronic method of communication, you understand that I cannot guarantee that those communications will remain confidential due to the nature of such technology or unauthorized monitoring. However, confidentiality does extend to those electronic communications. Also, you agree and understand that for this reason, electronic communications is for business-related or logistical communications, such as scheduling and confirming appointment details and times, and NOT as a means of therapy. If a clinical matter or need arises, please contact me via phone at (720) 295-1199.

Social Media: While a healthy therapeutic relationship is at times very personal and intimate in nature, it is important to be clear that the relationship between a client and therapist is a professional one; therefore, I will not communicate with, accept personal friend/connection/follow requests, or contact you through social mediums like LinkedIn, Twitter, Instagram, or Facebook. In addition, if an accidental association has occurred and is discovered, I will cancel that online relationship immediately. This act is necessary because these types of casual social contacts can create significant security risks for you.

Websites: In the Moment Counseling, LLC has a professional website and professional Facebook page that you are free to access and use as a reference. These sites exist for professional purposes only and if you choose to “Like” something, that does not disclose that we have an established client-therapist relationship. Your confidentiality will be protected at all times. No client or clinical information will be published on these sites.

Benefits and Risks of Therapy:

Psychotherapy is a healing process in which clients can understand places in their lives that they have become stuck emotionally, overcome their fears or insecurities, cope with stress, understand past trauma, define their symptoms, develop a genuine sense of self, identify triggers, improve relationships, establish a stable routine, define personal wellness goals, develop a plan for coping with crisis, and eliminate destructive behaviors. Thus, the benefits of therapy could include stress reduction, an increase in positive thinking and feelings, improved interpersonal relationships, increase in self confidence, increased capacity for intimacy and experiencing joy in life. Such benefits require substantial effort on the client’s part, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors.

Psychotherapy may also have the risk of discomfort from remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, anxiety, etc. There may be times in which I will challenge your perceptions and assumptions and offer different perspectives. Sometimes in the process, clients may feel worse prior to feeling better. This is because personal change is hard! It takes strength, courage, dedication, passion, and motivation to accomplish our goals.

Treatment Methods, Planning, Evaluation and Termination:

This therapist believes that therapy is a partnership between herself and the client to accomplish the client’s stated goals. Therefore, I will spend some time with clients discussing the client’s stated reason for coming to therapy, ideas about the source of the issue, develop therapeutic goals/objectives, and methods in which these goals can be accomplished. After the initial session, if we mutually agree, we can proceed with the therapy process. However, if we cannot agree to work together, I will provide you with appropriate referrals to other therapists.

During the course of therapy, I will draw on various treatment approaches according, in part, to the problem that is being treated and the assessment of what will best benefit you. These approaches may include, but are not limited to, Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Internal Family Systems (IFS), Solution-Focused Therapy and Mindfulness-Based, experiential techniques. If you would like more information regarding these theories or techniques, please feel free to ask.

I am also a certified EMDR (Eye Movement Desensitization and Reprocessing) therapist and will utilize this approach when appropriate. EMDR is an empirically validated treatment approach with a range of client issues (particularly trauma-related). It incorporates somatic, emotional, cognitive and narrative elements, and facilitates accelerated change of client dysfunctional patterns. It can be an intense form of therapy and is not appropriate for all clients. We will talk about your situation and determine whether EMDR makes sense for you.

The length of therapy depends on the specifics of each client's situation, treatment plan and progress achieved. This therapist may be able to approximate length of treatment and probable results; however, due to the complexity of each client's unique situation and differing responses, this therapist cannot predict the exact length of therapy or guarantee a specific treatment outcome. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Every effort will be made to provide a positive and healing experience, although the therapeutic experience is unique and varies from person to person. Results achieved in a therapeutic relationship with one person are not a guarantee of similar results with all clients. You should discuss with your therapist any concerns you have regarding your progress in therapy.

Periodically, client and therapist will assess progress towards treatment goals. If either client or therapist determine that therapy is not benefitting the client, either person may initiate a discussion of treatment alternatives. Furthermore, if at any time your therapeutic issues go above my level of competence, or outside of my scope of practice, I am legally required to refer, terminate or consult. It can be mutually beneficial if termination of treatment is discussed in advance. However, it is your right to discontinue therapy at any time. You understand that "discontinuing therapy" means that you have not had a session with me for at least sixty (60) days, unless otherwise agreed to in writing. Should you choose to discontinue therapy by not communicating with me, your treatment will be considered "terminated." You may contact me at any point to discuss your desire to resume therapy services with me, and resuming services will depend on my availability and will be within my sole discretion.

Collaboration and Consultation with Other Professionals:

In order to provide quality services, this therapist may collaborate with other professionals in a client's life as appropriate, such as family members, a physician, psychiatrist, past therapists, and/or other mental health professionals. Clients will be asked to complete a release of information authorizing these exchanges. In some cases, services may not be provided without this.

In addition, this therapist participates in regular consultation meetings with other therapists to receive ongoing support in providing the best care possible. There may also be times when I need to consult with another professional, such as an attorney or supervisor, about issues raised in therapy. Your confidentiality is still protected during consultation and identifying information will not be released. Signing this consent form gives me permission to consult as needed to provide professional services to you.

Records and Maintenance of Records:

This therapist completes progress notes every time that I meet with you, as well as notes of other clinical interactions, and complies with the law and ethical standards regarding documentation of therapy services. These notes constitute the clinical and business record, which by law, I am required to maintain. Such records are kept secured and are the sole property of the therapist.

As a client, you may request a copy of your Client Record at any time. Should you request a copy of the records, such a request must be made in writing. The right is reserved to provide a treatment summary in lieu of actual records. The right is also reserved to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider.

In accordance with the Rules and Regulations of the Board of Social Work Examiners through the Colorado State Department of Regulatory Agencies, I will maintain your client record (consisting of disclosure statement, contact information, reasons for therapy, notes, etc.) for a period of seven (7) years after the termination of therapy or the date of our last contact, whichever is later. I cannot guarantee a copy of your Client Record will exist after this seven-year period.

Court Testimony:

If you ever become involved in a legal matter, I will not provide evaluations or expert testimony in court. You should contact and hire a mental health professional that can help you with any evaluations or testimony that you need. This is for two reasons: (1) My statement will be seen as biased in your favor because we have a relationship as therapist and client and (2) Our relationship may be affected by testimony, and my relationship with you as a client is first and foremost. By signing this consent form, you are acknowledging you understand and agree to my stance on this issue.

In the event this therapist should be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving a client, you agree to reimburse me for any time spent for preparation, travel, or other time in which I make myself available for such an appearance at the hourly rate for such services of \$150 per hour, including drive time. In addition, if the chart is subpoenaed, a fee of \$.25 per page will be applied.

Therapist Availability and Emergencies:

Clients may call this therapist's confidential voicemail (720-295-1199) at any time and leave a message with the client's name, number, and the nature of the call. Non-urgent phone calls are generally returned within 24 hours during normal workdays (Monday through Friday). *As noted above, telephone conversations of a clinical nature may be charged as regular sessions at my full rate.*

In the Moment Counseling, LLC is **not** a 24-hour crisis-intervention agency, and in the case of an emergency, including any situation involving a threat to your safety or the safety of others, you may call **911** or go to the nearest **hospital emergency room**. You may also access 24/7/365 confidential phone support by contacting Colorado Crisis Services at **1-844-493-8255** or by **texting "TALK" to 38255**.

Acknowledgement and Agreement:

By signing below, I acknowledge that I have reviewed and fully understand the terms and conditions of this Agreement. I have had any questions with regard to its terms and conditions answered to my satisfaction. I agree to abide by the terms and conditions of this Agreement and grant my consent to treatment at In the Moment Counseling, LLC.

Client Signature: _____

Date: _____

Printed Client Name: _____

Therapist Signature: _____

Date: _____