

**Ara Christensen, LMFT - Disclosure Form**

**Welcome!**

What an honor and privilege it is to be invited to join with you on your therapeutic journey. Your life’s experience is unique and meaningful. Thank you in advance for your bravery in sharing your story. I promise it is a story and experience I will treasure. Together we will use the medium of therapy to alleviate emotional suffering, cultivate a deeper connection with yourself, and open up new relational opportunity.

Therapy is an activity that often times is conducted in the privacy of a therapeutic office. While this is important to maintain confidentiality, it also makes the nature of therapy somewhat elusive. This document seeks to help define what you can expect when you pursue therapy. If you have any concerns or fears my hope is that these will be assuaged. Not only do I hope to put anxiety to rest, I also hope to ignite your innate desire and excitement for the work.

In this disclosure you will find:

1. My education, credentials, and experience 7. Confidentiality
2. The value of therapy 8. Dual relationships
3. My theoretical orientation 9. Thank you
4. The therapeutic process 10. Client’s rights and responsibilities
5. Referrals, emergencies, my contact information 11. Working with Children
6. Regulation 12. Our Agreement

**A little bit about me**

When you come to therapy you are asked to share intimate details about yourself and your life. It is my job to help you to feel safe and supported in sharing such information. Part of the way I go about doing this is by letting you know you also have the right to know a little bit about me. You have the right to know what makes me a good choice for joining you on your therapeutic journey.

Education:  I hold a Bachelor of Science degree in Applied Psychology. I also hold a Master of Arts in Marriage and Family Therapy. Both of these degrees were attained at Regis University. I have completed EMDR basic and advanced training.

Credentials: I am a Licensed Marriage and Family Therapist in the state of Colorado (MFT.0001759) with the Department of Regulatory Agencies, and A Licensed Marriage and Family Therapist in the state of Washington (LF 61123107) with the Department of Health.

Experience:   My life journey encouraged me to develop the skill of empathy. I decided at a young age I wanted to utilize this empathy to join with and support others. I started as a peer counselor, volunteered along the way, became a relational trainer in corporate America, and finally became a therapist. I opened a private practice that I still operate beginning in November of 2016.

I have been a generalist and therefore have worked with, and am qualified to work with, people from many walks of life. Although this is true, I do specialize as well. People seeking trauma recovery, relief from issues regarding dependence or codependency, and those that have a desire to positively shift maladaptive relational patterns are a best fit for me. Whatever your walk of life, I aspire to connect with, hold space, and invite relief for your struggles.

**What is Therapy’s Value Add?**

Therapy is a place for you. It is a place where you can find dedication to your thoughts, emotions, and experiences. It is a place where you are important, where you matter!

It is important when choosing a therapist that you choose one you can trust and feel safe with. There will be moments in therapy where you feel vulnerable, during these moments the therapeutic relationship needs to hold safe space for whatever you may be feeling or experiencing. When a therapeutic relationship can offer validation, positive regard, healthy structure, and resources for your life’s experiences the benefits of therapy are many. Here are just a few examples.

Trauma therapy seeks to release stuck emotions. You know, those emotions that go around and around in your mind that you just can’t think your way out of?! Trauma therapy seeks to release these which can result in deep relief. Anxieties, fears, and depressions can let go of you.

As we embrace relational work you may discover the benefit of experiential change. You may begin to encounter your loved ones in a new light, and also to be encountered in ways you long to be seen. The hope is to feel a release from blame and shame, and find a sense of belonging.

With children insight into their feelings and gaining the ability to express their feelings and then choose what to do with them may provide relief; not only for the children, but also for parents. What a relief to know our kids are capable and therefore are okay!

In grief and loss we learn that death or life loss is not a thing we generally can figure out how to get over, rather it is a thing we may need to learn to live with. A journey that is painful and transformative.

These are yet a few of the benefits you may find in your therapeutic work.

Whatever your personal or relational goal may be it is important to approach it with proactivity, with therapy; to seek to find the functional solutions for your life’s struggles. A positive therapeutic relationship, coupled with complimentary therapeutic techniques and theories can invite the personal and relational life you desire.

**Theoretical Orientation**

When utilizing the techniques and theories therapy has to offer essentially we are partnering together to help effect paradigm shift. A paradigm is a pattern. Through therapy we will discover the patterns of interaction and/or thought existent in your intra and interpersonal life. Once these are discovered we will employ techniques and theories to effect positive shift in these patterns.

While I employ an integrated approach to the work, meaning I use an array of different theories to effect change, most of the theories I use have a basis in attachment theory. At the core of my work I believe people are seeking secure

attachment. Secure attachment essentially means you have connection with a loved one in which you are confident; that when you and your loved one separate you do not worry about the endurance of the relationship; that when you need you can reach back out to your loved one and be reassured; and with this solid bond you then desire to explore your world and express your best most purposeful self.

I primarily work through a traumatology lens to alleviate emotions associated with experiences that have not been secure. I utilize ego state and advanced EMDR methods to alleviate the effects of traumatic experiences. I use EMDR basic, somatic, early trauma, and ego state protocols.

The primary relational theory I use to move towards secure attachment is Emotionally Focused Therapy (EFT). It invites experiential change, meaning you have a new experience of you and others in relationships. It uses externalization which helps you to disconnect your worth from what may not be working in your relationships. EFT not only works with relational difficulties, it also is useful in individual work and even with trauma recovery.

Another theory I use frequently for those suffering life or death loss is the Alchemy of Grief. It is a depth approach and Jungian in nature. It helps us understand that grief and mourning is a circular rather than a linear process. It allows the process of loss, whether in life or death, to be witnessed. It takes the heavy burden the heart carries and transforms it into something forged that then accompanies us in our human experience.

For children Filial Therapy is quite effective. It is a child guided approach that allows the therapist to become immersed in the child’s experience of life. The therapist is then able to help parents connect to this experience and know the inner world of their children’s feelings.

Additionally, I have an affinity for Narrative Therapy. This therapy uses the concept of externalization to release individuals from blame and shame. It helps us understand what dominant narratives are guiding our worldview, and challenges us to find the unstoried competent narratives that have accompanied us all along the way, yet are not known.

I have also found success in using Gottman Couples Therapy, Cognitive Behavioral Therapy, Internal Family Systems, and Satir’s Human Validation Model to name a few. Whatever theory or technique I find is complimentary to your presenting goal, please know I welcome your inquiry regarding the therapeutic methods we are using in session.

**The Therapeutic Process**

Not only do I welcome your inquiry regarding method, I also will ask for your partnership in the therapeutic process. Therapy offers many positive benefits. Sometimes getting to these benefits means facing challenge. This is not always easy or comfortable. It takes courage. Uncovering underlying fears and relinquishing protective behaviors is a personal journey that we don’t always want to experience. It is your dedication to the work that will determine the ultimate effectiveness of your therapy. I encourage you to take ownership of your therapy.

It is hard to put a hard and fast number on how many sessions the therapeutic process will take. Many times a client will come to therapy for two–six months. Having said this I have had clients that continually seek therapy, and those that discontinue and return when needed. Often times when one goal has been reached another therapeutic goal surfaces. Life is a continual journey and some clients find therapy is a cherished partner on life’s path. As therapy progresses I will inquire about how therapy is working for you. I hope you will be willing to offer your honest experience of our therapeutic relationship and intervention process.

When it is time to end our relationship we will embrace good-bye intentionally. I believe good-bye is just as important as hello. Honoring our good-bye will help to solidify the work that has been done. When you are ready to go, we can determine a number of sessions that will be appropriate to wrap up our work, and I will ask you to attend a final session. All members that are part of the client will need to attend. I find this is the best way to bring closure to your important journey in therapy.

**Referrals, Emergencies, My Contact Information**

There will be times and circumstances that will require me to offer you a referral, rather than work with you in therapy. If you are presenting a concern that is outside of the scope of my expertise, or if I determine that our work together is not working towards your benefit, it is my obligation to inform you of this and offer you a minimum of two referral resources.

Additionally, I need to disclose that I do not offer crisis counseling and cannot promise that I will be available at all times. If you call or present with a clinical emergency, defined as a situation in which there is danger of harm to self or others, please state the nature of the emergency on my voicemail and I will return your call as soon as absolutely possible. If you cannot reach me within 30 minutes and you need clinical support, please dial 911 or go directly to the nearest emergency room and ask for the psychiatrist or psychologist on call. Please also consult the following resources as needed:

**Colorado Resources:**

Emergency Suicide Hotline: 1-844-493-8255

Women’s Crisis Center: 303-688-1094

Arapahoe Douglas Mental Health Center: 303-797-9440

**Washington Resources:**

Crisis line: 425-258-4357

Domestic Violence help: 425-252-2873

Providence Sexual Assault crisis line: 425-252-4800

Child Abuse/Neglect: 866-363-4276

If you are needing to contact me outside of our session time, with a non-emergent issue, please call me directly. If I’m not able to answer please leave a message. I will get back to you as soon as possible. When you contact me, if you have a concern, and feel comfortable expressing your concern over the phone, I encourage you to be clear about the reason you are contacting me so we can address your concern in a short time. If needed we can discuss scheduling an emergency session if both of our schedules allow. When contacting me by email, in order to protect your confidentiality, please only discuss scheduling or logistical details regarding session arrangements. My contact information is as follows:

**Ara Christensen, LMFT**

**720-663-1316 – Colorado**

**425-610-8676 - Washington**

[ara@ourspokentapestry.com](mailto:ara@ourspokentapestry.com)

Bluepetaltherapy@gmail.com

**Regulation of Licensure**

**Colorado**

*The Colorado Department of Regulatory Agencies-Mental Health Licensing Section of the Division of Professions and Occupations has the general responsibility of regulating the practice of licensed or unlicensed registered psychotherapists in the field of psychotherapy. The regulatory boards may be reached at 1560 Broadway, Suite 1350, Denver Colorado, 80202, 303-894-7800.*

*Regulatory requirements are applicable to these mental health professionals. A Colorado State Board of Examiners passing exam score must also be achieved I their specific field, in order for licensure to be granted in the state of Colorado:*

*A Licensed Clinical Social Worker, A licensed marriage and Family Therapist, and a Licensed Professional Counselor all must hold a masters degree in their professions, and have two years of post-masters supervision.*

***Washington***

*1) The secretary shall issue a license to any applicant who demonstrates to the satisfaction of the secretary that the applicant meets the following education and experience requirements for the applicant's practice area.*

*(c) Licensed marriage and family therapist:*

*(i) Graduation from a master's degree or doctoral degree educational program in marriage and family therapy or graduation from an educational program in an allied field equivalent to a master's degree or doctoral degree in marriage and family therapy approved by the secretary based upon nationally recognized standards;*

*(ii) Successful passage of an approved examination;*

*(iii) Successful completion of a supervised experience requirement. The experience requirement consists of a minimum of two calendar years of full-time marriage and family therapy. Of the total supervision, one hundred hours must be with a licensed marriage and family therapist with at least five years' clinical experience; the other one hundred hours may be with an equally qualified licensed mental health practitioner. Total experience requirements include:*

*(A) A minimum of three thousand hours of experience, one thousand hours of which must be direct client contact; at least five hundred hours must be gained in diagnosing and treating couples and families; plus*

*(B) At least two hundred hours of qualified supervision with a supervisor. At least one hundred of the two hundred hours must be one-on-one supervision, and the remaining hours may be in one-on-one or group supervision.*

*Applicants who have completed a master's program accredited by the commission on accreditation for marriage and family therapy education of the American association for marriage and family therapy may be credited with five hundred hours of direct client contact and one hundred hours of formal meetings with an approved supervisor; and*

*(iv) Successful completion of continuing education requirements of thirty-six hours, with six in professional ethics.*

*(2) The department shall establish by rule what constitutes adequate proof of meeting the criteria. Only rules in effect on the date of submission of a completed application of an associate for her or his license shall apply. If the rules change after a completed application is submitted but before a license is issued, the new rules shall not be reason to deny the application.*

*(3) In addition, applicants shall be subject to the grounds for denial of a license or issuance of a conditional license under chapter*[*18.130*](http://app.leg.wa.gov/RCW/default.aspx?cite=18.130)*RCW.*

**Confidentiality**

As an LMFT I agree to and uphold the ethical standards of the American Association for Marriage and Family therapy (AAMFT). AAMFT ethical standards require me to keep what you tell me confidential, except in certain limited situations. Your rights and limitations to confidentiality are detailed in the subheadings of this section.

**Meeting in Public:** If I see you in public it is your choice to acknowledge whether we know one another. If you do not acknowledge me as a person you know I will not acknowledge knowing you. If you do acknowledge knowing me I will not discuss any therapeutic issues with you in public. Please know this is not a personal reaction to you, but rather an effort to respect your confidentiality.

**Names and Records Private:** Other confidential measures I take include not using your name in our waiting area. There may be times that I may need to seek professional consultation. In this case, I will protect your privacy by using no names or identifying information. I am required to keep clinical file information for a period of 7 years. After 7 years the contents of your file will be shredded.

**Group Therapy:** Members of group therapy are required to not disclose any knowledge gained during the course of therapy without the consent of the person to whom the knowledge relates.

**Use of Technology:** In order to maintain confidentiality I will not be able to conduct therapy with you via social media or non-HIPAA compliant technological avenues. I only will be able to converse via social media or non-HIPAA technological avenues to discuss appointment times, cancellations, and scheduling. I cannot guarantee confidentiality of information that is relayed using social media, email, Skype, Facetime, telephone texting, the technological cloud, voicemail, fax, US mail, or any other technological resource.

**Teletherapy:** I utilize a therapeutic platform that is HIPAA compliant in order to offer and conduct teletherapy. I will provide you with a specific disclosure that details all of the issues regarding the use of video technology before commencing teletherapy.

**The Client Portal:**  I utilize a HIPAA compliant therapeutic platform to provide correspondence and therapeutic paperwork via technological avenues. I will provide you with a disclosure to review and agree to before paperwork is exchanged electronically.

**Therapist/Client Privilege:** If you should become involved in a court proceeding you can prevent me from testifying about what you have told me. This is called “privilege”, and it is your choice to prevent me from testifying or allow me to do so. Therapist/client privilege will only be compromised if my records are subpoenaed by a court of law.

**Subpoena:** I will not become involved with court procedures unless subpoenaed by the court. In this case, I may be asked to testify and/or provide my therapy notes. I may be asked to provide notes regarding the welfare of a child, fitness of a parent, a duty to warn or protect, initiating a 72 hour hold, malpractice, or civil commitment. Be aware that this is a situation in which your confidentiality is no longer within my control. If you have special concerns, and need advice, I strongly suggest you talk to a lawyer to protect your interests legally and to act in your best interest.

**Release of Information:** In a situation where you do not want me to keep your information confidential and think it would be helpful for me to exchange information with another professional—your child’s physician or school, for example, I will discuss this with you. If you agree, you will need to sign an authorization, or Release of Information, for this to occur. This release states exactly what information is to be shared, with whom, and why, and it sets time limits. You can rescind your permission to disclose information at any time. If therapy is shared by more than one person, the information released will only be the information pertaining to the releasing party.

**Mandated Reporting:** Generally speaking, information you and your child share with me remains private and confidential and will not be disclosed without the client’s consent. However, by the nature of my position and permit to practice marriage and family therapy I am a mandated reporter. This means there are certain limits to confidentiality, some of which are listed in Colorado Revised Statutes, Revised Code of Washington, HIPPA Notice of Privacy Rights, and Federal law.

As a mandated reporter:

1. I am required to report any suspected incident of child abuse or neglect to law enforcement;
2. I am required to report any threat of imminent physical harm by a client to law enforcement and the person(s) threatened;
3. I am required to report the abuse of a senior 70 years of age or older, which I believe has probably occurred, including (institutional neglect, physical injury, financial exploitation, or unreasonable restraint);
4. I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or the others, or who is gravely disabled, as a result of a mental disorder;
5. I am required to report any suspected threat to national security to federal officials, and
6. I may be required by Court Order to disclose treatment information.

**Welfare Check:** When I am concerned about a client’s safety, it is my policy to request a Welfare Check through local law enforcement. In doing so, I may disclose to law enforcement officers information concerning my concerns. By signing this disclosure Statement and agreeing to treatment with me, you consent to this practice, if it should become necessary.

**Minor Children:** Parents may have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, in compliance with the law and HIPPA Standards.

**Recording Session:** I agree not to record our sessions without your written consent, and you agree not to tape record a session or conversation with me without my written consent.

**No Secrets:** As a therapist I hold a “NO SECRETS” policy. What this means is if I deem it necessary for optimum care, I may ask you to give permission for the psychotherapeutic inclusion of your partners, spouses, significant others, parents, and legal guardians. I will provide a “No Secrets” policy for your review and signature.

**Dual Relationships**

Another AAMFT ethical issue it is important to understand is dual relationships. I cannot occupy a dual role in your life, I can only be your therapist. Engaging in dual relationships can set up conflicts between the therapist’s and client’s best interests. In order to ensure your needs are served and I am unselfish and professional at all times, if I am your therapist I cannot also be your:

1. Relative
2. Friend
3. Business colleague
4. Legal consultant
5. Financial consultant
6. Romantic or sexual partner

These are yet a few of the types of dual relationships I will not engage in with any client.

If you are a former or current client it is not ethical to, nor will I, engage in a romantic or sexual relationship. Sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Board that licenses, certifies, or registers the therapist.

**Thank you**

I truly appreciate the opportunity to engage in the wonderful work of therapy with you. I look forward to witnessing your life’s story, and offer the warmest wishes for your therapeutic experience.



**Notice of Client Rights and Responsibilities**

Every client receives written notice of the rights established herein upon intake.

**Every client has the right:**

* Upon request, to obtain the professional qualifications of the therapist responsible for his/her treatment;
* To receive an explanation of services offered including methods of therapy, the techniques, used, your time commitments, fee scales, and billing policies prior to receipt of services;
* To be informed of the limitation of the therapist’s practice to special areas of expertise;
* To request a second opinion or seek a referral for a second opinion at any time;
* To know who to contact in an emergency;
* To participate in identifying problems, setting goals and evaluating progress toward meeting them;
* To confidentiality of all records and communications to the extent provided by law;
* To choose treatment or service participation without coercion or threats;
* To have all reasonable requests responded to promptly and adequately within the capacity of the therapist;
* Upon request, to obtain an explanation as to the relationship, if any, of the therapist to any other health care facility or educational institution insofar as said relationship relates to his/her treatment;
* To discuss question or concerns with the therapist, ask questions about techniques and strategies, and be informed of your progress;
* To have family members participate in treatment planning and reviews;
* To obtain from the therapist any expectations of the therapist which apply to his/her conduct as a client;
* To submit written comments for his/her records;
* Upon request, to inspect his/her medical records and to receive a copy thereof (when clinically appropriate). The fee for said copy will be determined by the rate of copying expenses. This request must be made in writing;
* To informed consent to the extent provided by law;
* Upon request to receive a copy of a statement of charges submitted to any third party by the therapist for treatment of the client.
* To privacy during sessions within the capacity of the therapist;
* To be informed of alternative treatments or services, or disallow therapy techniques;
* To end therapy at any time, provided client has paid for all completed sessions in full.
* To voice opinions, recommendations and grievances in relation to services and policies offered by the therapist without fear of restraint, interference, coercion, discrimination or reprisal.

**Every client is responsible for:**

* Keeping scheduled sessions and being on time for those sessions;
* Providing at least a 24 hour notice to cancel sessions to avoid fee charges;
* Paying 100% of the session fee if at least 24 hours’ notice is not given for sessions canceled late or sessions “no-showed”;
* Refraining from alcohol or illegal use and/or influence at the time of and during scheduled sessions;
* Informing the therapist of changes in insurance status;
* Maintaining the confidentiality of other clients;
* Refraining from carrying any weapon or instrument/item that could be used as a weapon at the time of or during scheduled sessions;
* Refraining from hostile and/or violent behavior, as well as harm to self at the time of and/or during a session and;
* Participating in the treatment plan in good faith.

\* Failure to follow these expectations may result in termination of treatment\* I have read and understand my rights and responsibilities as a client in treatment with Ara Christensen, LMFT and I agree to the terms outlined above.

Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/guardian should sign if client is under 18 years old.)



**Working with Children/Adolescents**

**Consent for treatment:** At the onset of treatment all appropriate consent by parents/guardians that have medical decision making authority must be obtained in order to engage in therapy for a minor child under the age of 15. If applicable I will need copies of official documents detailing which parties have medical decision making authority in the child’s life, and signatures from all parties which have such authority must be obtained. Parents may have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, in compliance with Colorado law and HIPPA standards.

**Adolescent consent for treatment:** Parental/guardian consent to treatment is not required for Minors 15 years of age and older. Even though this is true, it is usually preferred that parents/guardians do consent to treatment of minors in this age range. Additionally, while it is important to create an atmosphere of confidentiality between a minor 15 years of age and older, it is also important from a systemic perspective to foster lines of communication between the adolescent and his/her parents/guardians. Therefore, this document not only acts as consent to treatment of the minor child, it also acts as a release to share pertinent information between the minor child, and parents/guardians with medical decision making authority.

**Parent/Guardian participation:** Please be aware when I work with your child or adolescent I may ask you to participate in the therapeutic process. I have observed that the more a parent is involved and invested in their child’s health and healing the better the outcome of the therapy. Please be aware this may mean sitting in sessions with your child or adolescent and coming to session without your child to discuss topics that should not be discussed with your child present.

If I am seeing your child alone I ask that you wait in the waiting room for them, as I cannot supervise them when the session time is over.

**Divorce and Custody Litigation:** If you are involved in divorce or custody litigation, my role as a therapist is not to make recommendations to the court concerning custody or parenting issues. By signing this Disclosure Statement, you agree not to subpoena me to court for testimony or for disclosure of treatment information in such litigation; and you agree not to request that I write any reports to the court or to your attorney, making recommendations concerning custody. The court can appoint professionals, who have no prior relationship with family members, to conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family’s children.

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*Signature of client Date*

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*Printed name of client*

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*Signature of person authorized to make medical decisions Date*

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*Signature of person authorized to make medical decisions Date*



**Our Agreement**

By signing below I, the client, indicate:

* I have read, or have had read to me, the entirety of this disclosure document. If I did not understand any details herein I have discussed my questions and had my questions fully answered.
* I acknowledge the circumstances under which Ara Christensen, LMFT, is legally obligated to waive confidentiality.
* I understand after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. I will make every effort to discuss concerns before withdrawing from therapy.
* I am currently legally authorized to give informed consent to treatment. If I should ever become incapable of giving informed consent I will inform Ara Christensen, LMFT.
* I agree to abide by and act in accordance with the entirety of the terms set forth in this document.

I therefore consent to enter into therapy with Ara Christensen, LMFT.

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*Signature of client Date*

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*Printed name of client*

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*Signature of person authorized to make medical decisions Date*

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*Signature of person authorized to make medical decisions Date*

I, Ara Christensen, LMFT, have met with this client and reviewed the issues and points detailed within this document. I believe I have responded to questions and concerns and the client fully understands the details herein. I have no reason to believe this client is not fully competent or legally authorized to consent to treatment. My signature below indicates I agree to enter into therapy with the above named client.

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*Signature of Therapist Date*