



Academy of Creative Living

SHARON M. BARNES, MSSW, LCSW

THERAPIST FOR SENSITIVE AND GIFTED



*Those who come to psychotherapy
are the wisest and most courageous among us.
Everyone has problems, but what they often do
is try to pretend that those problems don't exist,
or they run away from those problems,
or drink them down,
or ignore them in some other way.
It's only the wiser and braver among us
who are willing to submit themselves
to the difficult process of self-examination
that happens in a psychotherapist's office.
- M. Scott Peck, M.D.*



CLIENT INFORMATION

Name: _____ Date: _____

Street: _____ City, Zip _____

Best Phone Number: _____ OK to leave a message? Y N Birth Date: _____

Other Phone Number: _____ OK to call? _____ Employer: _____

Email Address: _____ OK to send you our email newsletter? Yes No

Please indicate how best to contact you: _____

Primary Care Physician: _____ Phone: _____

If you searched online, how did you find us? (Circle All) Bing Google Yahoo Facebook Twitter LinkedIn Psychology Today Denver Therapists Network GoodTherapy.org YourTango YouTube Other _____

If were you referred, by whom?: _____ Phone: _____

Address: _____

Reason for Referral : _____ May I send them a Thank-you note? Yes?

In Case of Emergency Contact:

Name: _____ Relationship: _____

Street, City, Zip: _____ Phone : _____

Person Responsible for the Bill:

Name: _____ Relationship: _____

Street, City, Zip: _____

Week Day Phone: _____ Week End/Night Phone: _____

You may release information necessary for billing to this person: _____

Please list all people living in your household:

Name age Relationship to you Occupation/School grade

Blank lines for listing household members.

Amen Clinics, Inc. Adult Intake Questionnaire

Used by permission

In order to able to fully evaluate your needs, please fill out the following intake form and questionnaires to the best of your ability. We realize there is a lot of information and you may not remember or have access to all of it; please do the best you can. If there is any information that you do not want in your chart it is ok to refrain from putting in this information and we will discuss it. Thank you!

CLIENT IDENTIFICATION

Name _____	First Appointment Date _____
Birth Date _____	Age _____ Gender _____
Religion _____	Marital Status _____
Race _____	Children _____
Address _____	City _____
State/Province _____	Country _____
Best phone _____	Other phone _____
Who are you currently living with? _____	

MAIN PURPOSE OF THE CONSULTATION (Please give a brief summary of the main problems)

WHY DID YOU SEEK THE CONSULTATION AT THIS TIME? What are your goals in being here?

PRIOR ATTEMPTS TO CORRECT THE PROBLEMS/MENTAL HEALTH HISTORY

(Please include contact with other professionals, medications, types of treatment, etc.)

Name: _____

MEDICAL HISTORY:

Current medical problems/medications: _____

Current supplements/herbs: _____

Past medical problems/medications: _____

Other medical/mental health professionals seen regularly: _____
Any history of head trauma? (describe) _____
Ever any seizures or seizure-like activity? _____
Prior hospitalizations (place, cause, date, outcome) _____
Prior abnormal lab tests, X-rays, EEG, etc: _____
Allergies/drug intolerances (describe) _____
Present Height _____ Present Weight _____ Any changes in weight: _____

CURRENT LIFE STRESSES (include anything that is currently stressful for you, examples include relationships, job, school, finances, children, etc.) _____

Prenatal and birth events: Your parents' attitude toward their pregnancy with you: _____
Pregnancy complications (bleeding, excess vomiting, medication, infections, x-rays, smoking, alcohol/drug use, etc. _____
Any birth problems, trauma, forceps or complications? _____

Sleep Behavior: sleepwalking, nightmares, recurrent dreams, current problems (getting up, going to bed, etc.) _____

School History: Last grade completed _____ Last school attended _____
Average grades received _____ Specific learning disabilities _____
Learning strengths _____
Any behavior problems in school? _____
What have teachers said about you? _____
Please bring school report cards and any state, national or special testing that has been performed.

Employment History: (Summarize jobs you've had, list most favorite and least favorite) _____

Any work related problems? _____
What would your employers or supervisors say about you? _____

Military History? _____

Ever Any Legal Problems? _____

Sexual History: (answer only as much as you feel comfortable)
Age at the time of first sexual experience: _____ Number of sexual partners: _____
Any history of sexually transmitted disease? _____ History of abortion? _____
History of sexual abuse, molestation or rape? _____
Current sexual problems? _____

Alcohol and Drug History (Please list age started and types of substances used through the years and any or current usage. Also, describe how each of these substances makes/made you feel, what benefit you get/got from them). These include alcohol, (hard liquor, beer, wine), marijuana or hash, prescription tranquilizers or sleeping pills, inhalants (glue, gasoline, cleaning fluids, etc.), cocaine or crack, amphetamines or crank or ice, steroids, opiates (heroin, codeine, morphine or other pain killers), barbiturates, hallucinating drugs (LSD, mescaline, mushrooms), PCP. _____

Have you ever experienced withdrawan symptoms from alcohol or drugs? _____
Has anyone told you they thought you had a problem with drugs or alcohol? _____
Have you ever felt guilty about your drug or alcohol use? _____
Have you ever used drugs or alcohol first thing in the morning? _____
What is your caffeine use per day? (Caffeine is in coffee, tea, sodas, chocolate) _____
What is your nicotine use per day? (Nicotine is in cigarettes, tobacco chew) _____

FAMILY HISTORYFamily Structure : (Who lives in your current household, please give relationship to each) _____

Current Marital or Relationship Satisfaction _____

Significant Developmental Events (Include marriages, separations, divorces, deaths, traumatic events, losses, abuse, etc.) _____

History of Past Marriages _____

Birth Mother History: age: _____ outside work: _____

School, highest grade completed _____

Learning problems: _____ Behavior Problems: _____

Marriages _____

Medical Problems: _____

Childhood atmosphere (family position, abuse, illnesses, etc) _____

Has mother ever had any psychiatric treatment? Yes ____ No ____ If yes, for what purpose? _____

Mother's alcohol/drug use history? _____

Have any of your mother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (Specify) _____

Birth Father History: age: _____ outside work: _____

School, highest grade completed _____

Learning problems: _____ Behavior Problems: _____

Marriages _____

Medical Problems: _____

Childhood atmosphere (family position, abuse, illnesses, etc) _____

Has father ever had any psychiatric treatment? Yes _____ No _____ If yes, for what purpose? _____

Father's alcohol/drug use history? _____

Have any of your father's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (Specify)

Siblings (names, ages, problems, strengths, relationship to client) _____

Children (names, ages, problems, strengths, with whom they live) _____

Cultural/Ethnic Background _____

Describe your relationships with friends _____

Describe Yourself _____

Describe your strengths _____

Sharon Barnes' CASIGY Characteristics Questionnaire

Please indicate HOW OFTEN the following statements are true by circling the answer which is most correct.

- | | | | |
|--|-----------|-------|--|
| NEVER | SOMETIMES | OFTEN | I have an insatiable curiosity. |
| NEVER | SOMETIMES | OFTEN | I set very high standards for myself. |
| NEVER | SOMETIMES | OFTEN | I can be my own worst critic. |
| NEVER | SOMETIMES | OFTEN | I have a powerful need to know things. |
| NEVER | SOMETIMES | OFTEN | I am a seeker of ultimate truths. |
| NEVER | SOMETIMES | OFTEN | I have been criticized for being “too much” of everything. |
| NEVER | SOMETIMES | OFTEN | I feel deeply wounded by injustice and human suffering. |
| NEVER | SOMETIMES | OFTEN | I can see many sides to nearly every issue. |
| NEVER | SOMETIMES | OFTEN | I love a good debate. |
| NEVER | SOMETIMES | OFTEN | I have a lot of energy. |
| NEVER | SOMETIMES | OFTEN | I often feel driven by my own creativity. |
| NEVER | SOMETIMES | OFTEN | I love puzzles, mazes, paradoxes, complex ideas, and words. (If |
| more than one, circle the ones which apply) | | | |
| NEVER | SOMETIMES | OFTEN | I often feel responsible for problems that don't belong to me. |
| NEVER | SOMETIMES | OFTEN | Many times I have felt ‘different’ from most other people. |
| NEVER | SOMETIMES | OFTEN | I often feel like a minority of one. |
| NEVER | SOMETIMES | OFTEN | I am a dyed-in-the-wool perfectionist. |
| NEVER | SOMETIMES | OFTEN | I have been criticized for not “sticking with one thing.” |
| NEVER | SOMETIMES | OFTEN | Honesty, integrity, and authenticity are very important to me. |
| NEVER | SOMETIMES | OFTEN | Frustration builds up in me when I don't engage in activities that |
| involve creative self-expression. | | | |
| NEVER | SOMETIMES | OFTEN | I have a history of questioning rules and challenging authority. |
| NEVER | SOMETIMES | OFTEN | I have heightened senses: taste, touch, smell hearing, sight, and/or |
| seem to be bothered by bright lights, aromas, or noises that others don't even notice (If yes, circle the ones | | | |
| which apply). | | | |
| NEVER | SOMETIMES | OFTEN | I have a well-developed sense of humor that is somewhat offbeat. |
| NEVER | SOMETIMES | OFTEN | I often have a childlike sense of playfulness and wonder. |
| NEVER | SOMETIMES | OFTEN | Stress seems to have more impact on me than it does on others. |

Please add up your score: NEVER _____ SOMETIMES _____ OFTEN _____

Amen Brain System Checklist (Used by permission)

Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have another person who knows you well (such as a spouse, partner or parent) rate you as well. Name other: _____

0	1	2	3	4	NA
Never	Rarely	Occasionally	Frequently	Very Frequently	Not applicable/Not Known

Other Self Rating

- | | | |
|----------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | 1. Fails to give close attention to details or makes careless mistakes |
| <input type="text"/> | <input type="text"/> | 2. Trouble sustaining attention in routine situations (i.e., homework, chores, paperwork) |
| <input type="text"/> | <input type="text"/> | 3. Trouble listening |
| <input type="text"/> | <input type="text"/> | 4. Fails to finish things |
| <input type="text"/> | <input type="text"/> | 5. Poor organization for time or space (such as backpack, room, desk, paperwork) |
| <input type="text"/> | <input type="text"/> | 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort. |
| <input type="text"/> | <input type="text"/> | 7. Loses things |
| <input type="text"/> | <input type="text"/> | 8. Easily distracted |
| <input type="text"/> | <input type="text"/> | 9. Forgetful |
| <input type="text"/> | <input type="text"/> | 10. Poor planning skills |
| <input type="text"/> | <input type="text"/> | 11. Lack clear goals or forward thinking |
| <input type="text"/> | <input type="text"/> | 12. Difficulty expressing feelings |
| <input type="text"/> | <input type="text"/> | 13. Difficulty expressing empathy for others |
| <input type="text"/> | <input type="text"/> | 14. Excessive daydreaming |
| <input type="text"/> | <input type="text"/> | 15. Feeling bored |
| <input type="text"/> | <input type="text"/> | 16. Feeling apathetic or unmotivated |
| <input type="text"/> | <input type="text"/> | 17. Feeling tired, sluggish, or slow moving |
| <input type="text"/> | <input type="text"/> | 18. Feeling spacey, or "in a fog" |
| <input type="text"/> | <input type="text"/> | 19. Fidgety, restless or trouble sitting still |
| <input type="text"/> | <input type="text"/> | 20. Difficulty remaining seated in situations where remaining seated is expected |
| <input type="text"/> | <input type="text"/> | 21. Runs about or climbs excessively in situations in which it is appropriate (or wants to-restrains oneself) |
| <input type="text"/> | <input type="text"/> | 22. Difficulty playing/working quietly |
| <input type="text"/> | <input type="text"/> | 23. "On the go" or acts as if "driven by a motor" |
| <input type="text"/> | <input type="text"/> | 24. Talks excessively |
| <input type="text"/> | <input type="text"/> | 25. Blurts out answers before questions have been completed (or has to restrain oneself from doing so) |
| <input type="text"/> | <input type="text"/> | 26. Difficulty waiting turn |
| <input type="text"/> | <input type="text"/> | 27. Interrupts or intrudes on others (e.g., butts into conversations or games) |
| <input type="text"/> | <input type="text"/> | 28. Impulsive (saying or doing things without thinking first) |
| <input type="text"/> | <input type="text"/> | 29. Excessive or senseless worrying |
| <input type="text"/> | <input type="text"/> | 30. Upset when things do not go your way |
| <input type="text"/> | <input type="text"/> | 31. Upset when things are out of place |
| <input type="text"/> | <input type="text"/> | 32. Tendency to be oppositional or argumentative |
| <input type="text"/> | <input type="text"/> | 33. Tendency to have repetitive negative thoughts |
| <input type="text"/> | <input type="text"/> | 34. Tendency toward compulsive behaviors |
| <input type="text"/> | <input type="text"/> | 35. Intense dislike for change |
| <input type="text"/> | <input type="text"/> | 36. Tendency to hold grudges |
| <input type="text"/> | <input type="text"/> | 37. Trouble shifting attention from subject to subject |
| <input type="text"/> | <input type="text"/> | 38. Trouble shifting behavior from task to task |
| <input type="text"/> | <input type="text"/> | 39. Difficulties seeing options in situations |
| <input type="text"/> | <input type="text"/> | 40. Tendency to hold on to own opinion and not listen to others |
| <input type="text"/> | <input type="text"/> | 41. Tendency to get locked into a course of action, whether or not it is good |
| <input type="text"/> | <input type="text"/> | 42. Needing to have things done a certain way or you become very upset |
| <input type="text"/> | <input type="text"/> | 43. Others complain that you worry too much |
| <input type="text"/> | <input type="text"/> | 44. Tend to say no without first thinking about question |
| <input type="text"/> | <input type="text"/> | 45. Tendency to predict fear |
| <input type="text"/> | <input type="text"/> | 46. Frequent feelings of sadness |
| <input type="text"/> | <input type="text"/> | 47. Moodiness |

- _____ 48. Negativity
- _____ 49. Low energy
- _____ 50. Irritability
- _____ 51. Decreased interest in others
- _____ 52. Decreased interest in things that re usually fun or pleasurable
- _____ 53. Feelings of hopelessness about the future
- _____ 54. Feelings of helplessness or powerlessness
- _____ 55. Feeling dissatisfied or bored
- _____ 56. Excessive guilt
- _____ 57. Suicidal feelings
- _____ 58. Crying spells
- _____ 59. Lowered interest in things usually considered fun
- _____ 60. Sleep changes (too much or too little)
- _____ 61. Appetite changes (too much or too little)
- _____ 62. Chronic low self-esteem
- _____ 63. Negative sensitivity to smells/odors
- _____ 64. Frequent feelings of nervousness or anxiety
- _____ 65. Panic Attacks
- _____ 66. Symptoms of heightened muscle tension (headaches, sore muscles, hand tremor)
- _____ 67. Periods of heart pounding, rapid heart rate or chest pain
- _____ 68. Periods of trouble breathing or feeling smothered
- _____ 69. Periods of feeling dizzy, faint or unsteady on your feet
- _____ 70. Periods of nausea of abdominal upset
- _____ 71. Periods of sweating, hot or cold flashes
- _____ 72. Tendency to predict the worst
- _____ 73. Fear of dying or doing something crazy
- _____ 74. Avoiding places for fear of having an anxiety attack
- _____ 75. Conflict avoidance
- _____ 76. Excessive fear of being judged or scrutinized by others
- _____ 77. Persistent phobias
- _____ 78. Low motivation
- _____ 79. Excessive motivation
- _____ 80. Tics (motor or vocal)
- _____ 81. Poor handwriting
- _____ 82. Quick startle
- _____ 83. Tendency to 'freeze' in anxiety provoking situations
- _____ 84. Lacks confidence in their abilities
- _____ 85. Seems shy or timid
- _____ 86. Easily embarrassed
- _____ 87. Sensitive to criticism
- _____ 88. Bites fingernails or picks skin
- _____ 89. Short fuse or periods of extreme irritability
- _____ 90. Periods of rage with little provocation
- _____ 91. Often misinterprets comments as negative when they are not
- _____ 92. Irritability tends to build, then explodes, then recedes, often tired after a rage
- _____ 93. Periods of spaciness or confusion
- _____ 94. Periods of panic and/or fear for no specific reason
- _____ 95. Visual of auditory changes,, such as seeing shadows or hearing muffled sounds
- _____ 96. Frequent periods of déjà vu (feelings of being somewhere you have never actually been)
- _____ 97 Sensitivity or mild paranoia
- _____ 98. Headaches or abdominal pain of uncertain origin
- _____ 99. History of a head injury or family history of violence or explosiveness
- _____ 100. Dark thoughts, may involve suicidal or homicidal thoughts
- _____ 101. Periods of forgetfulness or memory problems

Sharon M. Barnes, LCSW, PLLC

Fee Schedule and Agreement

Sharon Barnes' fee per 50 minute session is \$140.00.

* _____ The amount I agree to pay for counseling services is \$140.00 per 50/minute session.

* _____ I understand that any time under or over 50 minutes will be pro-rated accordingly.

INSURANCE BILLING: I understand that the fee for each counseling session is due and payable at the time of service. I also understand I am responsible for finding out what my insurance will cover (if anything) and for filing my own insurance claims. At my request, Sharon Barnes will provide me with a statement containing all the information necessary for me to file a claim with my insurance carrier so that I may receive insurance reimbursement. I understand that there will be a fee for this.

* _____ **APPOINTMENT CANCELLATION POLICY:** I understand that I am responsible to keep my therapy appointments, and that I am to notify the office at least 24 hours in advance of any appointments which cannot be kept. If I provide less than 24 hours' notice, I agree that I will be charged the regular rate for my usual appointment.

* _____ **CREDIT CARD AUTHORIZATION:** I hereby authorize Sharon M. Barnes, LCSW, PLLC to charge my credit card for missed sessions, as agreed. I understand that Sharon Barnes will keep my Credit Card Information confidential, with my client record. I understand that my credit card statements will show charges as coming from "Sharon M. Barnes, MSSW, PLLC".

Name as it appears on the Card: _____	Type of Card: _____
Card Number / _____ / _____ / _____ / _____ / _____	Authorization Code: _____
Exp Date: _____	Address: _____
City _____	State ____ Zip _____ Home Phone: _____
Daytime Phone: _____	Email Address _____

*Please read each section & get clarification on any questions you may have before initialing each one.

Client Signature _____ Date _____

Therapist Signature _____ Date _____



Colorado Mandatory Disclosure Statement

The following disclosure is made in accordance with Colorado Law:

DEGREES AND CREDENTIALS:

Bachelor of Science Degree; Major in Social Service: Loma Linda University, 1974
Master of Science in Social Work Degree: San Diego State University, 1976
Licensed Clinical Social Worker in California, #6986, initiated: 1979. No longer active.
Licensed Clinical Social Worker in Colorado, #991263, Active since 1994

The practice of both licensed and unlicensed psychotherapists is regulated by the Department of Regulatory Agencies under **12.43.214 (1) (C)**. Questions or complaints may be addressed to:

Colorado State Grievance Board
1560 Broadway, Suite 1340
Denver, Colorado 80202
(303) 894-7760

Under this statute, **12.43.214 (1)(d) CRS** you are entitled to receive information about the methods of therapy; the techniques used; the duration of therapy (if known) and the fee structure. You may seek a second opinion from another therapist or may terminate therapy at any time. In a professional relationship sexual intimacy is inappropriate and should be reported to the Grievance Board.

12.43.214 (1)(d) CRS: states that information provided by a client during therapy sessions is legally confidential in the case of licensed clinical social workers, except as provided in Section 12.43.218 and except for certain legal exceptions which will be identified by the licensee should any such situation arise during therapy.

Practice Information: Sharon M. Barnes, MSSW, LCSW is incorporated in the state of Colorado as Sharon M. Barnes, LCSW, PLLC and is in independent practice. She is not in partnership with any other professional or therapist who uses the same office suite.

**I have been informed of my therapist's degrees, credentials and licenses.
I have also read the preceding information and understand my rights as a client.**

Client Signature

Date

Therapist Signature

Date

***Sharon M. Barnes, LCSW, PLLC* Business Practices Descriptions and Disclosures**

Welcome to my counseling and psychotherapy practice. I look forward to working with you. I see women, men, teens and some children. I use individual, group, couple, and family sessions and a combination of these. The problems I most frequently work with include coping & thriving as a creative, highly sensitive, and/or gifted person, parenting creative, highly sensitive, and/or gifted children; coping & thriving with ADD or AD/HD; relationship concerns, self-esteem issues, grief issues, coping with chronic or life-threatening illness, parenting concerns; personal and spiritual growth, life passages and transitions, creativity recovery and development, trauma recovery and resolution, and adoption issues.

My gentle, supportive approach focuses on guiding people through the Wilderness of Inner Territory to Destinations of Delight. The healing, change and growth that people seek when they come to work with me takes place within the context of our therapeutic relationship. This enables people to find their way through anxieties, depression, fears, confusion, abuse, loss, relationship and life changes. I help people learn how to discover their own pathways to healing, joy and fulfillment. In this inner journey, many discover metaphorical personal treasure which had been hidden in life's deep dark woods. It is my privilege to accompany many people on this inner quest, and to help them create better self-esteem; be centered and find their voice; be empowered to understand themselves better and form more fulfilling relationships; as well as to be more able to know who they are, what they want in life, and how to craft a life they love to live.

Most clients come on a regular basis, weekly or every other week, and often for six months to a year or more. Sessions usually last 50 minutes, but may be extended to 75 minutes for couples, families, or whenever indicated. Fees are adjusted according to the length of the session. See my Fee Agreement for more details on my fee structure.

FOLLOWING IS SOME INFORMATION ABOUT MY POLICIES AND PROCEDURES:

Confidentiality

The information you discuss during a psychotherapy is protected as confidential under law (CRS 12,43,214 (1)(d)), with certain limitations.

- In most situations, your written consent is required before any information can be released. However, there are specific situations in which I am legally required to release information without your consent.
- It is my legal responsibility and my policy to report suspected child abuse without an investigation to the proper authorities who may then investigate.
- I may take some action without your consent if I assess you to be a serious harm to yourself or another. Any action I take without your consent will be discussed with you.
- If I am unable to collect my agreed upon fee, I may send your name and address to a collection agency.
- If you file a complaint or a lawsuit against me, according to Colorado law, your right to confidentiality will be waived.
- If you choose to use your health benefit plan, you will have given your insurance or managed care company consent to obtain required confidential information for the purpose of determining eligibility for reimbursement. This normally requires diagnosis and procedure code information.
- If I seek consultation from another mental health professional, your privacy will be protected by that professional, and I will reveal only the necessary private information for the purpose of the consultation.
- If another mental health professional is involved in your mental health treatment and I determine that it is important for your treatment, I may collaborate in order to coordinate care. Your authorization may not be obtained, but you will be advised of this situation.
- Clerical and/or billing persons contracted by me may have access to limited confidential information, for example, your name, address, diagnosis, dates and procedure codes. This information is protected from further disclosure and is used solely for administrative purposes.
- When I am away from my office for a few days, we will discuss how to handle any emergent need which may arise. If we decide to ask another licensed therapist to cover emergencies for me, I will disclose to this therapist only what he or she needs to know to assist you in an emergency.

Availability

I answer my phone directly when I am able. At other times, it is forwarded to my confidential voicemail. I am notified of every message that is left for me. You may leave a voicemail message 24 hours a day at 303-987-0346, and I or a designated backup therapist will attempt to return your call within 24 hours during the weekdays or on the first working day following a weekend or holiday. I do not provide routine 24 hour emergency coverage. In the event of a psychiatric emergency, you will need to call 9-1-1 or go to your nearest emergency room. When, in our work together, we are able to anticipate the potential of such emergencies, we will make plans together for how to handle the emergency.

Health Care Benefits

_____ As stated in the Fee Agreement, with the exception of Medicare, I do not accept insurance benefits. In the event that you choose to use your health care benefits, and my services are reimbursable under your insurance plan, you are responsible to file your own insurance claims. You will also need to give me written authorization to release any required information. Confidential information required by your insurance company may range from identifying information, diagnosis, dates and types of sessions and charges to a written assessment with treatment goals and progress reports, when your benefits come under managed care. My policy is to provide the least amount of information necessary for the purpose of authorizing benefits. However, I can no longer be in control of the storage or access to your confidential information when it is given to a third party. The insurance company will determine benefit coverage and the kind of service for which they will reimburse. I charge for report writing time at the same rate as therapy time.

Records

_____ Records may include identifying information, dates and types of sessions, an assessment and diagnosis, a treatment plan, progress notes, and any reports, consultations or collateral contacts made, and informed consent disclosures. My private psychotherapy notes are kept separate, and are not a part of the record. These psychotherapy notes are further protected from subpoena and unauthorized access by HIPAA. Your records will be stored safely with attention to your privacy for at least 7 years as required by Colorado Statute. In the event that I am no longer able to secure and monitor access to your record, another mental health professional will act as my professional representative. That professional representative will contact you regarding the location of your record. Your records are protected by Colorado Statute, HIPAA regulations, and Professional Ethics. Records can only be released with your written permission and direction. It is my policy not to release an entire record, even with your authorization. Instead, I will summarize the content related to the request. Colorado Statute, CRS 25-1-803, limits release to a summary after termination. If you were seen in couple or family sessions, all adults present would have to sign the release. You will be granted reasonable access to your record, but no copy of the record. If you choose to read your record, it is my policy to be present in order to respond to any questions or confusion you have about the recordings. You may request, in writing, an amendment or addition to your record. My time in dealing with any request for records is reimbursable at the rate agreed upon in the fee agreement.

Termination

_____ Termination will usually be agreed upon mutually, but you are free to terminate at any time. Ending treatment by reviewing our work together and summarize what you are taking with you is much more helpful to you than ending treatment without the benefit of this wrap-up review. Even though planned endings and spoken goodbyes can be difficult, they are well worth the effort and I highly recommend it, especially in our work together. In a few rare and special instances I may decide to stop working with you even though you wish to continue. The reason for this may include a need for special services outside of the area of my competency, a failure to meet the terms of our fee agreement, or and/or prolonged failure to make progress in our work together. Should any of these occur, I will discuss the reason for termination with you, and you will be helped to make different plans for yourself, including a referral to a more appropriate resource.

CLIENT AGREEMENT

_____ I consent to becoming a client of Sharon M. Barnes, LCSW, PLLC. I have been informed of her degrees, credentials and licenses. I have read the above information. I have clarified all areas about which I have had questions. I understand and agree to my rights and responsibilities as a psychotherapy or consultation client.

Client Signature

Date

Therapist Signature

Date



Acknowledgement of Receipt of Notice of Privacy Rights

I, _____, acknowledge that I have received access to a copy
Please Print Client Name

of the Notice of Privacy Practices for *Sharon M. Barnes, LCSW, PLLC*.

I acknowledge that these Privacy Practices are posted on her website and available to me at my convenience in this location: <http://therapistforsensitiveandgifted.com/counseling/notice-privacy-practices/>

Signature of Client or Personal Representative

Date