

**Chris Bassett, MA, LMFT**

**Consent for Counseling**

**Degrees and credentials:**

- MA, Marriage and Family Therapy, 1999, George Fox University
- Colorado Licensed Marriage and Family Therapist



Because you are receiving counseling from Light of the Rockies Christian Counseling Center, you are entitled to know that each of the therapists practice counseling from a Christian perspective.

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed and unlicensed counselors and marriage and family therapists. The agency with this responsibility is the State Grievance Board, 1560 Broadway, Suite 1350, Denver, CO, 80202, 303-894-7766. Supervision of cases will occur with staff members of Light of the Rockies (Joyce Williams, Rhonda Chalk, Jeff Englehorn, and Darren Baughman). Any objections to this supervision or known affiliations with these parties should be shared with your therapist immediately.

You are entitled to receive information from your therapist about the methods of therapy, the techniques used, and the duration of your therapy (if known). You may ask questions about your therapy at any time. You may discontinue therapy services at any time and for any reason. You are entitled to receive a second opinion from another therapist. If necessary, referrals to other counselors or marital and family therapists will be made available. In a professional therapeutic relationship sexual contact of any kind between a therapist and a client is never appropriate. If sexual contact between a client and therapist occurs, it should be reported to the State Grievance Board.

Generally speaking, information provided by and to a client in therapy is legally confidential and will not be released to anyone without your written permission. Confidentiality can be broken by your therapist in certain circumstances as required by Colorado law: serious intent to harm yourself or others, sexual contact involving a minor child, child physical abuse or neglect, elder abuse or neglect, or if the client chooses to take legal action against the therapist. Abuse is defined as any physical discipline or force that results in visible marks, bruising, or bleeding. Neglect is the willful or accidental neglect of physical or emotional health and safety. Couples attending therapy together are informed that information shared with the therapist by one individual may be disclosed to the other party at the therapist’s discretion. Other than these exceptions noted, information shared in therapy is privileged communication and cannot be disclosed in any court of competent jurisdiction in the state of Colorado without your consent. Information shared in couple’s therapy when both parties are present cannot be disclosed to other parties without the written consent of both parties attending the couples’ sessions.

The fee for therapy has been agreed upon by those signed below. The fee has been set at: \$\_\_\_\_ per session (50 minutes). Payment of this fee is expected at the beginning of each session. A pro-rated fee will be charged for phone consultations greater than 5 minutes in duration and any written correspondence. Correspondence written for legal purposes will be charged \$175.00 per hour. Court appearances and depositions will be billed \$175.00 per hour (prepayment will be required - this includes but is not limited to testimony preparation, travel time, and testimony time). The full session fee is charged for appointments at which you do not show or cancel with less than 24 hour notice of the scheduled appointment time. A \$20 fee will be charged for all checks returned for insufficient funds.

Those signed below give permission for minor children (\_\_\_\_\_) to be seen in individual or family counseling and affirm the right and authority to give such consent. Those signed below have read and understood the above and give consent for marital and family therapy provided by Chris Bassett, M.A., LMFT. The therapy has been explained and any questions have been answered.

Signature\_\_\_\_\_Date\_\_\_\_\_

Signature\_\_\_\_\_Date\_\_\_\_\_

Parent or Guardian\_\_\_\_\_Date\_\_\_\_\_

Witness\_\_\_\_\_Date\_\_\_\_\_