

**Kris Bell, MA, RP**

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**Introduction, Mandatory Disclosures, and Service Agreement**

**Welcome to Inner Voice Mindful Choice!** Paperwork. The necessary and legal obligation to fulfill before we embark on a journey together that will bring you closer to the peacefulness that will bring welcome relief to anxiety and stress in your life. Thank you for your patience as you read and follow the instructions that will keep our relationship above board and your safety assured.

Before we get started, the State of Colorado has some mandatory disclosures that I am required to give to you for your records. Please read the following carefully so you know more about me and the type of registration I have within the state.

As a registered mental health professional in the State of Colorado, I am responsible for ensuring that my practice is in compliance with the provisions of the Mental Health Practice Act and any other state or federal statute governing the disclosure of information to clients. The information below is a Mandatory Disclosure Statement pursuant to § 12-43-214, C.R.S.

**(Anna) Kris Bell, MA RP, Inner Voice Mindful Choice, a division of Bell Curve, LLC.**  
**License #NLC.0109436.**  
**The Colorado State Board of Registered Psychotherapists**  
1560 Broadway, Suite 1350  
Denver, CO 80202  
Phone: 303-894-7800

**Professional Education and Experience**

- Master of Arts, Contemplative Counseling Psychotherapy. Naropa University, Boulder, CO. May 2013.
- Individual Counseling and Psychotherapy Practice since July, 2013.
- Mindful-Based Stress Reduction (MBSR) Teacher Training and Practicum Certificate, University of Massachusetts Medical School, July 2012
- Certified in Applied Suicide Intervention Skills Training (ASIST), June 2012
- Life Coach Private Practice, Trained by the Coach Training Alliance, Fort Collins, Colorado 2006-2009
- Disaster Child Care Provider and Manager, Disaster Child Care, Church of the Brethren Disaster Services, 1981-2003.
- Bachelor of Science, Business Administration/Accounting. August 1984.

**Service and Fee Policies**

Psychotherapy involves several different approaches that can be used to address the specific issues or challenges for which you are seeking treatment. There are numerous benefits to be gained from

psychotherapy, but as with any form of treatment, there are also potential risks. Psychotherapy has often been shown to enhance one's social-emotional-spiritual growth, improve relationships with others, reduce feelings of distress and resolve specific psychological difficulties. There are no guarantees that psychotherapy is the appropriate form of treatment for you; additional forms of treatment may be required to effectively treat your specific needs. Psychotherapy involves discussing in depth many aspects of your life experiences, beginning with childhood and continuing through to the present. While working through these issues you may experience uncomfortable levels of emotions such as sadness, anxiety and anger. Most typically I use a number of methods that have been shown to help reduce anxiety, bring about more awareness of thoughts both normal and obsessive, and techniques to help you learn to know yourself, your needs and wants in a more intimate and productive way. Mindfulness Techniques are my primary tools used in conjunction with CBT or Cognitive Behavioral Therapy. I also use techniques found in DBT (Dialectical Behavior Therapy), a new model called HAES or Health at Every Size utilizing a number of resources for the client.

After the initial session, we will set a tentative schedule of subsequent visits. Usually sessions are on a weekly basis, but depending upon your specific needs, may be scheduled more frequently. The duration of each session is **60 minutes**. Once an appointment is scheduled, **you are responsible for payment unless you cancel more than 24 hours prior to the session** (Saturdays, Sundays and holidays are not included in this 24-hour period). For example, if you have an appointment scheduled for a Monday, you must cancel by Friday morning of the previous week in order to avoid being charged. Naturally, there will be exceptions made for inclement weather or serious illness, provided you notify me of the situation prior to your scheduled appointment.

**I recommend a package of six (6) sessions to begin with purchased in the beginning at a discounted rate of \$486 for six sessions, or \$498 on a debit or credit card.** Or if you'd rather pay week-to-week, my fee is \$90 per hour, \$93 if paid by credit or debit card.

### **More mandatory disclosures:**

- (I) A client is entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure;
- (II) The client may seek a second opinion from another therapist or may terminate therapy at any time;
- (III) In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant, or certificate holder;
- (IV) The information provided by the client during therapy sessions is legally confidential in the case of licensed marriage and family therapists, social workers, professional counselors, and psychologists; licensed or certified addiction counselors; and registered psychotherapists, except as provided in section 12-43-218 and except for certain legal exceptions that will be identified by the licensee, registrant, or certificate holder should any such situation arise during therapy.
- (V) I am a Registered Psychotherapist and as such am listed in the state's database and am authorized by law to practice psychotherapy in Colorado but am not licensed by the state and am not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.
- (VI) If the client is a child who is consenting to mental health services pursuant to section 27-65-103, C.R.S., disclosure shall be made to the child. If the client is a child whose parent or legal

guardian is consenting to mental health services, disclosure shall be made to the parent or legal guardian.

- (VII) If the client has no written language or is unable to read, an oral explanation shall accompany the written copy.
- (VIII) Unless the client, parent, or guardian is unable to write, or refuses or objects, the client, parent, or guardian shall sign the disclosure form required by this section not later than the second visit with the psychotherapist. As to the regulatory requirements to mental health professionals:
- (IX) A Registered Psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.
- (X) Certified Addiction Counselor I (CACI) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- (XI) Certified Addiction Counselor II (CACII) must complete additional required training hours and 2,000 hours of supervised experience.
- (XII) Certified Addiction Counselor III (CACIII) must have a bachelor's degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.
- (XIII) Licensed Addiction Counselor must have a clinical master's degree and meet the CACIII requirements.
- (XIV) Licensed Social Worker must hold a master's degree in social work.
- (XV) Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.
- (XVI) Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-masters supervision.
- (XVII) A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.

## **Confidentiality**

Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes as well as other exceptions in Colorado and Federal Law. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et. seq.) is available at: <http://dora.state.co.us/mental-health/Statute.pdf>.

Confidentiality is one of the most important elements of psychotherapy. As your therapist, I am legally bound and morally obligated, within certain legally defined limitations, to uphold and maintain your privacy and keep your personal information strictly confidential. None of your information will be revealed to any other person or agency without your written permission. However, you must be aware that there are a few specific circumstances which require me to reveal information obtained during psychotherapy to certain persons or agencies, whether you have granted permission or not. I must release information about you if:

1. In my professional opinion you are a threat to yourself or others or if you threaten grave bodily harm to another person or yourself.

2. A court issues a legitimate order requiring me to produce information. (In many circumstances you may claim a privileged status for our communication, but a judge may overrule your claim.)

3. In my professional judgment there is a reason to be concerned about possible abuse or neglect of a child, elderly or handicapped person.

You should also be aware that:

1. I may occasionally find it helpful to obtain consultation from other professionals concerning a given case. During these consultations, I make a diligent effort to avoid revealing the identity of my client unless absolutely necessary. The consultant, of course, is legally bound to maintain client confidentiality as well. I would discuss this with you prior to any such occurrence taking place.

2. I currently receive supervision for my work with you. Your identity is not shared with my supervisor.

3. If you are under 18 years of age, please be aware that your parents have the right to receive general information regarding your treatment and may request a summary of how treatment is proceeding. I will discuss with you and your parent(s) what specific information will and will not be shared.

## Release for treatment via telephone or online (web meeting) therapy:

From the APA:

*"Telepsychology is defined, for the purpose of these guidelines, as the provision of psychological services using telecommunication technologies. Telecommunications is the preparation, transmission, communication, or related processing of information by electrical, electromagnetic, electromechanical, electro-optical, or electronic means (Committee on National Security Systems, 2010). Telecommunication technologies include but are not limited to telephone, mobile devices, interactive videoconferencing, email, chat, text, and Internet (e.g., self-help websites, blogs, and social media). The information that is transmitted may be in writing, or include images, sounds or other data. These communications may be synchronous with multiple parties communicating in real time (e.g. interactive videoconferencing, telephone) or asynchronous (e.g. email, online bulletin boards, storing and forwarding information). Technologies may augment traditional in-person services (e.g., psychoeducational materials online after an in-person therapy session), or be used as stand-alone services (e.g., therapy or leadership development provided over videoconferencing). Different technologies may be used in various combinations and for different purposes during the provision of telepsychology services. For example, videoconferencing and telephone may also be utilized for direct service while email and text is used for non-direct services (e.g. scheduling)."*

Inner Voice Mindful Choice as Kris Bell, MA, RP in Colorado, USA uses Zoom as a personal webspace for one-on-one and group meeting spaces. These spaces are reserved with a password for the client to add an additional layer of security to the space provided. Please protect the password that you are given for each meeting and do not share it with anyone!

As a client you are aware that online therapy increases the risk of privacy and confidentiality of our meetings. All promises of confidentiality in the rest of this form apply with the caveat that Inner Voice Mindful Choice cannot promise 100% confidentiality that the company Zoom or its employees will not "see" or "hear" any part of our meeting or that Zoom will not become a victim of hacking and our meeting "seen." The odds of this are small, but not without merit.

Inner Voice Mindful Choice will not hold any recent meeting as a recorded video on Zoom for more than 24 hours. Inner Voice Mindful Choice reserves the right to hold a recorded video on my password protected backup hard drives that are **not** connected to the internet as long as I deem necessary. Inner Voice Mindful Choice will never store recorded videos on cloud technology.

I understand the risks of confidentiality while using web assisted meeting space on Zoom for my counseling sessions with Inner Voice Mindful Choice.

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Signature

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Date

## **Inner Voice Mindful Choice Contact Information**

The office is located 1506 Mount Meeker Ave, Berthoud, CO 80513. My telephone number is (970) 682-3270. My email address is kris@invcmc.com. My website is at www.invcmc.com.

Although I am generally not available immediately by phone due to being in session with clients, I make every attempt to return calls within 24 hours during the work-week. If you are calling outside of normal business hours and the reason for the call is of an urgent nature, leave a message clearly indicating the importance and I will return your call as promptly as possible. If a situation should arise requiring immediate attention and you are unable to reach me it is imperative that you contact your primary care physician or go to the emergency room of the nearest hospital and ask to speak with the mental health clinician on call. I have listed below the three most likely crisis lines that may be needed for my specific clients.

If you live in the:

Berthoud/Loveland/Fort Collins area please call *Touchstone Partners* at **970-221-2114**.

Greeley/Weld County area please call *North Range Behavioral Health* at **970-353-3686**.

Longmont/Boulder County area please call *Mental Health Partners* at **303-447-1665**.

**Acknowledgement**

I have read the preceding information and I understand my rights as a client or as the client's responsible party. My signature below also indicates that I have read and agree to abide by this document's terms during our professional relationship.

Print Client's Name (1) \_\_\_\_\_

Client's or Responsible Party's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Client's Name (2) \_\_\_\_\_

Client's or Responsible Party's Signature \_\_\_\_\_ Date \_\_\_\_\_

If signed by Responsible Party, please state relationship to client and authority to consent:

\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Anna Kris Bell, MA, RP, Psychotherapist