

NAJ Counseling, LLC

1536 S JERSEY STREET
DENVER, CO 80224
303-337-8558
natalie@najcounseling.com

Welcome to my counseling practice. I look forward to working with you. Most clients come on a regular basis, such as weekly or every other week. Sessions are 60 to 90 minutes and may be adjusted if necessary. Following is some information about my policies and procedures. Colorado state law requires that I provide you with a disclosure statement which outlines my credentials as a therapist and your rights as a client. The following statement covers the points on which you should be informed according to Colorado Revised Statute (C.R.S) 12-43-214. If you have any questions about the material contained in this statement or about any aspects of your work with me, please do not hesitate to ask.

GENERAL INFORMATION

Natalie Jeffers Wilkins, MA, CAS, CSArT, CCTP
Certified Addiction Specialist, Certified Systemic Art Therapist, Certified Clinical Trauma Professional
NAJ Counseling, LLC
1536 S. Jersey St., Denver, CO 80224
<https://www.najcounseling.com>
natalie@najcounseling.com
303.337.8558
Colorado Registered Psychotherapist License #ACC.0997509

EDUCATION

Regis University, College for Professional Studies, Master of Arts in Health Psychology and Therapeutic Arts, Received 2015
Colorado School for Family Therapy, Systemic Art Therapy certification, Received 2012
Denver Cares, Addiction Counseling certification, Received 2010

CLIENT RIGHTS AND IMPORTANT INFORMATION

The Colorado Department of Regulatory Agencies has the responsibility of regulating the practice of individuals who practice psychotherapy in Colorado. The agency within the Department that is responsible specifically for licensed and unlicensed psychotherapists is the Board of Psychologist Examiners, 1560 Broadway, Suite 1350. Denver, CO 80202. 303.894.7800. At your request you have the right to receive information from me about the methods of therapy and techniques used, the duration of your therapy, and the fee structure. You may seek a second opinion from another therapist or terminate treatment at any time. In a professional relationship, dual relationships or sexual intimacy between client and therapist is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder. Generally speaking, the information provided by and to the client is legally confidential and the therapist cannot be forced to disclose this information without your consent. There are exceptions to this policy, however, and are listed in the Colorado Statutes (Section 12-43-218, C.R.S.) and in the Notice of Privacy Rights you were provided. These exceptions can be discussed at any time, and will be identified to you if such situations arise during the course of therapy. I am a therapist working toward professional licensure, and am therefore being supervised by a licensed psychotherapist. Please feel free to ask me any questions you may have regarding this. You should be aware that, except in the case of information given to a licensed psychologist, legal confidentiality does not apply in a criminal or delinquency hearing. If you have any questions or would like additional information please feel free to ask. I am required to provide you with an explanation of the levels of

credentials and regulations applicable to mental health professionals as follows: A licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A licensed Social Worker must hold a masters degree in social work. A 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. A Certified Addiction Technician (CAT) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience. A Certified Addiction Specialist (CAS-1) must complete additional required training hours and 2000 hours of supervised experience. A CAS-2 must have a masters degree in behavioral health, and complete additional required training hours and 2000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters degree and meet the CAS-2 requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training, or experience is required.

Confidentiality

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

- I am required to report suspected child abuse, without an investigation, to the proper authorities who may then investigate.
- I also may take some action, such as seek an order for your emergency or involuntary commitment, without your consent if I deem you to be a serious harm to yourself or another.
- If I am unable to collect my agreed upon fee, I may send your name and address to a collection agency and/or attorney where you will be responsible for attorney and collection fees.
- If you file an official complaint or a lawsuit against me, according to Colorado law, your right to confidentiality will be waived.
- If you chose to use independently seek reimbursement for your health benefit plan, you will have given your insurance or managed care company consent to obtain required confidential information for the purpose of reimbursement.

*** Please note that I do not have contact with insurance companies but I will provide you with a bill for insurance reimbursement.

- I may seek consultation from another mental health professional. However, your identity will not be revealed without your consent, and your privacy will be protected by that professional.
- Clerical persons hired by me may have access to limited confidential information. 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, I may ask another licensed therapist to cover emergencies for me. Generally, I will tell this therapist only what he or she needs to know for an emergency.

Availability

You may leave a voice mail message 24 hours a day, 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. In the event of an emergency you may page me for a faster response, either through my office number 303-337-8558. During my vacations or absences from my practice, I will designate a backup therapist to cover any emergencies.

Records

Records include identifying information, dates and types of sessions, an assessment and diagnosis, a treatment plan, progress notes, and any consultations or collateral contacts made. My private counseling notes are kept separate, and, are further protected from unauthorized access. Your records will be stored safely with attention to your privacy for at least 10 years as required by Colorado Statute. They will only be released with your written permission and direction. It is my policy to not release an entire record, even with your consent. Instead, I may summarize the content related to the request. You will be granted reasonable access to your record, but not my counseling notes. You may request, in writing, an amendment to your 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 may have about the recordings.

Termination

Termination will usually be agreed upon mutually, but you are free to terminate at any time. However, in a few special instances I may decide to stop working with you even though you wish to continue. These include a failure to meet the terms of our fee agreement, a need for special services outside of the area of my competency, and prolonged failure to make progress in our work together. Should this occur, the reason for termination will be discussed with you, and you will be helped to make different plans for yourself, including a referral to a more appropriate resource.

I have read the preceding information and understand my client rights and responsibilities.

Client Signature (Guardian for Minor)

Date