

MAP YOUR CARE: ILLNESS & GRIEF COUNSELING, LLC

Bonnie Herrmann, LCSW, ACHP-SW
(720) 414-0320 | bonnie@mapyourcarecounseling.com

COUNSELING AGREEMENT

Client's Name:

Welcome! This agreement outlines my private practice policies and includes the Disclosure Statement mandated by the Colorado Department of Regulatory Agencies. This agreement reviews the types of services provided under Map Your Care: Illness & Grief Counseling, LLC, including your rights and responsibilities as a client.

Confidentiality: The information you discuss during individual counseling sessions is legally confidential except in certain circumstances outlined below:

- In the event of suspected child or elder abuse (physical, emotional, financial or sexual) or neglect, I will, without investigation, report it to the proper authorities, who may then investigate
- Threat of serious harm to yourself or others
- Court order, or other mandate of State and/or Federal law

Availability: I will make every attempt to return any missed calls within one business day. For immediate assistance or for life-threatening emergencies, please call 911 or go to the nearest emergency room. You can also call Colorado Crisis Services 24/7 at (844) 493-8255. During my vacations or other absence from my practice, we will discuss your coverage needs and make appropriate arrangements. Texting is for scheduling purposes only.

Social Media and Telecommunication: Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

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Electronic Communication: I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Records: Records can only be released with your written permission, and if you were seen in couple or family sessions, all adults present would need to sign the release. It is my policy to not release an entire record, even with your consent. Instead, I will summarize the content related to the request.

Sexual Intimacy: 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.

Client Rights: You are entitled to receive information about the methods of therapy, techniques used, duration of therapy and fee structure. You may seek a second opinion or cancel therapy at any time.

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, continued failure to comply with the outlined cancellation policy or a need for special services outside of the area of my competency. Should this occur, the reason for termination will be discussed with you, and you will be offered a referral to an appropriate resource.

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Disclosure Statement

Degrees, Credentials, Certifications, Registrations, and Licenses: I have been a Licensed Clinical Social Worker since 2016 (CSW.09925099). I obtained my Bachelor of Social Work (BSW) and Master of Science in Social Work (MSSW) from The University of Texas at Austin in 2011 and 2013 respectively. I have worked with older adults since starting my career, with a concentration in hospice care and bereavement since 2015. I obtained my credential as an Advanced Certified Hospice & Palliative Social Worker in 2020. I also hold a certificate in Advanced Care Planning.

Levels of Regulation: 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.

A Certified Addiction Counselor I (CAC I) must be a high school graduate or equivalent, complete required training hours and 1,000 hours of supervised experience.

-A Certified Addiction Counselor II (CAC II) must be a high school graduate or equivalent, complete the CAC I requirements, and obtain additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam.

-A Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete CAC II requirements, and complete additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam.

- A Licensed Addiction Counselor must have a clinical master's degree, meet the CAC III requirements, and pass a national exam.

- A Licensed Social Worker must hold a master's degree from a graduate school of social work and pass an examination in social work.

- A Licensed Clinical Social Worker must hold a master's or doctorate degree from a graduate school of social work, practiced as a social worker for at least two years, and pass an examination in social work.

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Disclosure Statement (Continued)

- 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 Licensed Marriage and Family Therapist must hold a master's or doctoral degree in marriage and family counseling, have at least two years post-master's or one year post-doctoral practice, and pass an exam in marriage and family therapy.
- A Licensed Professional Counselor must hold a master's or doctoral degree in professional counseling, have at least two years post-master's or one year postdoctoral practice, and pass an exam in professional counseling.
- A Licensed Psychologist must hold a doctorate degree in psychology, have one year of post-doctoral supervision, and pass an examination in psychology.

Regulation: The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The Board of Social Work can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

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Financial Agreement

Standard Service Rates: Please review the rates for the following services.

- Individual Counseling (60 minutes): \$130
- Family Counseling (75 minutes): \$175
- Advance Health Care Planning-Individual (60 minutes): \$130
- Advance Health Care Planning-Family (75 minutes): \$175

Sliding Scale Rates: If you are currently receiving a rate reduction which has been previously arranged and mutually agreed upon, please enter this rate here: _____ . This corresponds to a _____% discount.

No Show or Late Cancellation Fees: When we schedule a session, I reserve that time specifically for you. If you must cancel, please cancel a minimum of 24 hours in advance. If you cancel with less than 24-hours notice or if you are more than 15 minutes late, *you are responsible for full payment of that session.*

Payment/Insurance: Payment is to be made by Venmo, check, or electronic payment at the beginning of each session. In order to keep fees down I do not bill on a monthly basis. I am not currently in-network with any insurance companies. If you would like a monthly statement to submit to your insurance company for out-of-network benefits please let me know on a monthly basis and I will provide this.

Policy for Non-Payment: In the event billing efforts fail, delinquent accounts may be subject to collections. I will make every attempt to develop a payment plan with any client struggling to pay a past due balance prior to sending a balance to collections.

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Please initial on each line below:

- _____ I understand I am responsible for all fees agreed to in the financial a agreement.
- _____ I agree to update my billing information on file, should it change.
- _____ I have been informed of my therapist’s degrees, credentials and licenses.
- _____ I have read the preceding information and I understand my rights as a client/patient.
- _____ I have received a copy of both the Map Your Care: Illness & Grief Counseling, LLC Disclosure Statement and Notice of Privacy Practices.

I, _____, voluntarily consent to participate in mental health and/or advance health care planning counseling with Map Your Care: Illness & Grief Counseling, LLC.

Client Signature

Date