



Lifesong Counseling

Your email:

Today's Date:

Name:

Date of Birth:

If client is a minor what is the parent's name:

Select a Staff Member:

- Susan Bolint
- Shelly Foster
- Stephen Hansen
- Adina Loomis
- Alyse McShane
- Sheri Miller
- Veronica Pedersen
- Bob Reece
- Joe Madrid
- Brandon Segó
- Samantha Myxter
- Tyler Smathers (WY Telehealth ONLY)

May I contact you by email?

Marital Status:

Race:

SS #:

Address:

Home Phone:

Cell Phone:

Work Phone:

Any children and Ages:

Referred By:

Why have you come to see me today?

Any Prior Counseling?

Length of prior counseling?

Status of your Health?

Physical Condition?

Any health of physical issues I should know about?

Physician's Name, Address and Phone #

List any Current Medications:

Employment: Full Time, Part Time, Student, Unemployed/Other

Insurance Carrier:

Policy #:

Group #

If TriCare, Sponser's Name, date of birth and Social Security Number:

Signature and Date:

1520 Logan Avenue, Cheyenne, WY 970-817-3426

Susan Bolint, LMFT; Shelly Foster, LPC; Stephen Hansen, LCSW; Adina Loomis, LPC;
Joe Madrid, LCSW; Sheri Miller, LPC; Veronica Pedersen, LCSW; Whitney McShane, PPC;
Bob Reece, MA, PPC; Brandon Sego, Clinical Intern; Samantha Myxter, Clinical Intern; Tyler
Smathers, DSW;

PSYCHOTHERAPIST/CLIENT SERVICE AGREEMENT: Welcome to our practice. This document contains summary information about confidentiality including, but not limited to, the Health Insurance Portability and Accountability Act (HIPAA). Confidentiality is required by a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment and healthcare operations. This Disclosure Statement is required by the Mental Health Professions Licensing Act and the Board of Psychology.

DISCLOSURE STATEMENT:

Susan Bolint, MA, MFT; Master of Arts in Marriage and Family Therapy from St. Mary's University, San Antonio, TX obtained in 2010. Sue will adhere to the American Counseling Association Code of Ethics.

Shelly Foster, MA, LPC; Master of Arts Degree in Counseling from the University of Northern Colorado, obtained in 1988. Shelly will adhere to the American Counseling Association Code of Ethics.

Stephen Hansen, MSW, LCSW; Master of Social Work from the University of Wyoming obtained in 2019. Stephen will adhere to the National Association of Social Workers Code of Ethics.

Adina Loomis, MA, LPC; Master of Arts in Clinical Psychology from Wheaton College obtained in 2010. Adina will adhere to the American Counseling Association Code of Ethics.

Joe Madrid, MSW, LCSW; Master of Social Work from the University of Denver, obtained in 1990. Joe will adhere to the National Association of Social Workers Code of Ethics.

Sheryl Miller, MS, LPC; Master of Science in Counselor Education from the University of Wyoming, obtained in 1997. Sheri will adhere to the American Counseling Association Code of Ethics.

Veronica Pedersen, MSW, LCSW; Master of Social Work from Indiana University, obtained in 1992. Veronica will adhere to the National Association of Social Workers Code of Ethics.

Bob Reece, MA, PPC; Master of Arts in Counseling from Adams State obtained in 2023. Bob will adhere to the American Counseling Association Code of Ethics and is practicing under the supervision of Veronica Pedersen (above) who can be reached at 307-274-2428 or vpedersen1@yahoo.com.

Alyse McShane, MA, LPC, Master of Arts in Counseling from Ottawa University obtained in 2021. Alyse will adhere to the American Counseling Association Code of Ethics.

Brandon Sego, Clinical intern, Bachelor of Arts in Psychology from University of Northern Colorado in 2024. Brandon will adhere to the American Counseling Association Code of Ethics and is practicing under the supervision of Shelly Foster (below), who can be contacted at 970-817-3426 or shelly.foster@lifesong-counseling.com

Samantha Myxter, Clinical Intern; Master degree in process at the University of Northern Colorado(Dec.2024). Samatha will adhere to the American Counseling Association Code of Ethics and is practicing under the supervision of Shelly Foster (below), who can be contacted at 970-817-3426 or shelly.foster@lifesong-counseling.com.

Tyler Smathers, MSW, DSW, LCSW; Doctorate of Social Work from Simmons University obtained in May 2024 and his Masters of Social Work from University of WY. Tyler will adhere to the National Association of Social Workers Code of Ethics.

Within these professional relationships, sexual intimacy between a therapist and client is never appropriate. If sexual intimacy occurs it should be reported to the Wyoming Mental Health Professions Licensing Board, 2001 Capital Avenue, Room 104, Cheyenne, WY, 307-777-3628 or to the Wyoming Board of Psychology, 2001 Capital Avenue, Room 103, Cheyenne, WY 307-777-5403. These Boards have the general responsibility of regulating the practice of licensed professional counselors, social workers and psychologists, respectively. In Colorado you should report to <https://apps.colorado.gov/dora/licensing/Activities/Complaint.aspx>.

PSYCHOLOGICAL SERVICES: Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy you have certain privileges, rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. Your therapist has corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy is a unique process that varies depending on a number of factors, including, but not limited to, the personalities of the therapist and client and the particular issues presented. There are many different methods we may implement to help you deal with the problems you present. Unlike a visit to your medical doctor, your role in therapy is not a passive one. The process calls for a very active effort and involvement on your part and you may be asked to work on things we discuss both during our sessions and at home.

While the goal of treatment is to benefit the client, it may also involve risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, helplessness, and/or hopelessness. Making changes in your beliefs or behaviors may be scary, and sometimes disruptive to the relationships you already have. You may find your relationship with one of us to be a source of strong feelings. On the other hand, psychotherapy has been shown to have benefits for those who are committed to the process. Therapy often leads to better relationships, solutions to specific problems, or significant reductions in feelings of distress. However, there is no guarantee of what you might experience; therefore, it is important that you consider whether the potential risks are worth the benefits. The majority of people who do take these risks find that therapy is helpful.

The first few sessions of your therapy will involve an evaluation of your needs, as well as an opportunity to gather information about you. By the conclusion of the evaluation, we will be able to offer you some initial impressions of what our work together will involve and a more detailed treatment plan (verbal and/or in writing if requested) will be developed should you wish to continue. You should evaluate this information along with your own opinions as to whether you feel comfortable working with your clinician. Therapy involves a large commitment of time, energy, and finances; therefore, you should be selective when choosing a therapist.

APPOINTMENTS: Appointment times will ordinarily be 50 minutes in duration, once per week at a time we agree on. The rate for a 50 minute session is \$200.00. Please note that some sessions may be more or less frequent dependent upon each client's needs. The time scheduled for your appointment is reserved for you and you alone. If you need to cancel or reschedule a session we ask for at least a 24 hour notice. If you miss a session without canceling, or give less than a 24 hour notice you will be charged a \$50.00 No-Show fee (unless we both agree you were unable to attend or give notice due to circumstances beyond your control).

CONFIDENTIALITY: The maintenance of confidentiality of all written or verbal communications between client and therapist is a privileged communication as defined by W.S. 33-38-113 in Wyoming. This law states that, when involved in legal proceedings (civil, criminal of juvenile) clients retain the right to privacy, unless these specific circumstances exist: **a)** abuse or harmful neglect of children, the elderly or disabled or incompetent individuals is known or reasonably suspected, **b)** the validity of a will of a former client is contested, **c)** information related to counseling is necessary to defend against a malpractice action brought by a client, **d)** an immediate threat of physical violence against a readily identifiable victim is disclosed to the therapist, **e)** in the context of civil commitment proceedings, where an immediate threat of self-inflicted harm is disclosed to the therapist, **f)** the client alleges mental or emotional damages in civil litigation or his/her mental or emotional state becomes an issue in any court proceeding concerning child custody or visitation, **g)** the patient or client is examined pursuant to a court order, or court ordered therapy, **h)** in the context of investigations and hearings brought by the client and conducted by the board, where violations of this act are an issue.

CONTACTING US: We are not always immediately available by telephone. We do not answer our phones when we are with clients or otherwise unavailable. If you feel you cannot wait for a return call or if you feel unable to keep yourself safe, **1)** go to your Local Hospital Emergency Room, or **2)** call 911. We will make every

attempt to inform you in advance of planned absences and to provide you with the name and phone number of the mental health professional covering for us in our absence.

OTHER RIGHTS: If you are unhappy with what is happening in your therapy we hope you will talk with us so we can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that we refer you to another therapist and you are free to end therapy at any time. In most cases the client is the one who decides when therapy will end. However, should you pose a threat or blatantly threaten to commit violence, either verbal or physical, to anyone working at Lifesong, or any family member of those who work here, we reserve the right to immediately terminate your therapy. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin or source of payment. You have the right to ask questions about any aspect of therapy and about your clinician's specific training and experience. You have the right to expect that we will not have social or sexual relationships with clients or former clients.

CLIENT CONSENT TO PSYCHOTHERAPY: *I have fully read this statement, had time to be sure that I considered carefully, asked any questions that were necessary and obtained sufficient clarification, and understand its terms completely. I consent to the use of a diagnosis for billing purposes, and to the release of that information and other information necessary to complete the billing process. I agree to pay the fee of \$180.00 per 50-minute sessions should insurance not cover the services provided. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with the Lifesong clinician listed below. I am aware that I may terminate therapy at any time I wish and for any reason I feel necessary and that I may also refuse any requests or suggestions made to me by my therapist. I attest that I am at least 18 years of age.*

Your signature below indicates that you have read the information contained in this document and agree to abide by its terms during our professional relationship.

Signature of Client or Personal Representative

Date

Printed Name

Signature of Therapist

Date

