

**Kimberly Reil Counseling, LLC**

981 Cowen Drive Suite B4 Carbondale

Mailing address: 257 Red Dog Rd

Carbondale, CO 81623

**Client Registration Form**

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Name	Date of Birth	Age
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Home Address	City	State	Zip Code
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Phone Number

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Place of Employment	Email Address
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Marital Status	For how long?	Permission to text?
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How did you hear about me?

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Current Medications:

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Primary Care Physician's Name

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Name of Person to Notify in Emergency	Relationship to Client
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Emergency Contact Phone Number

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# Disclosure Statement

(Revised 7/5/2017)

## Kimberly Reil, LPC LAC

981 Cowen Drive B4, Carbondale, CO

Mailing address:

257 Red Dog Rd Carbondale, CO 81623

970-948-0709

kimreil@gmail.com

## Education:

MA Clinical Mental Health, Adams State University, Alamosa, CO (May 2013)

MA Secondary Education, Regis University, Denver, CO (June 2006)

BA Fine Art, Lewis and Clark College, Portland, OR (May 2004)

## Licenses:

Licensed Professional Counselor, State of Colorado, #LPC.0012488

Completed 2000 internship hours with Colorado West 2012

Licensed Addiction Counselor, State of Colorado, #ACD.0001136

Completed 3000 internship hours with Mind Springs Health 2015 and Shadow Mountain Recovery 2016

### 1. Explanation of the difference between licensure, registration and certification:

- 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 (LAC) 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.
- 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 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.
2. You are entitled to receive information about the methods of therapy, the techniques used, the duration of your therapy (if known) and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time. Counseling is not the only way to address problems.
  3. There are certain ethical boundaries between a client and counselor. This includes dual relationships where the counselor also plays another role in the clients life such as professional, friendship or sexual intimacy. Sexual intimacy is never appropriate and should be reported to the above stated board.
  4. 4. 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. For example, mental health professionals are mandated reporters required to report suspected child and elder abuse to authorities. Other limitations to confidentiality include suicidal ideation, homicidal ideation and the deeming of gravely disabled. 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://www.dora.state.co.us/mental-health/Statute.pdf>
  5. **Disclosure of Information of Clients who are Minors**  
In the interest of maintaining a trusting relationship with clients who are minors, the details of therapeutic sessions will not be shared with parents or other family members. Parents will be included in the treatment planning process if desired and included in the therapy process periodically. Information regarding general goals and progress will be shared periodically and as requested. In situations where a child or adolescent is my client, we can discuss these confidentiality issues in the first session. Should the client share information regarding potential harm to self or others, this information will be shared with the parents and appropriate agencies.
  6. The counselor, Kimberly Reil LPC, LAC, consults on a regular basis with a clinical supervisor regarding cases. Client confidentiality will be maintained during consultations.

**I have read above the information on Kimberly Reil, LPC LAC and have had the opportunity to ask any questions about her and/or my counseling program. I understand my rights as a client or as the client's responsible party.**

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Client Signature/Responsible Party Signature

Date

# Counseling Services Agreement

*It is agreed that any disputes or modifications of this agreement shall be negotiated directly between the parties. If negotiations are not satisfactory, the parties agree to mediate any differences with a mutually acceptable third party mediator.*

1. THE COUNSELOR is Kimberly Reil, LPC LAC, Licensed Professional Counselor in the state of Colorado, #LPC. 0012488 and Licensed Addiction Counselor in the state of Colorado, #ACD. 001136.

2. COUNSELING at Kimberly Reil Therapy, LLC is confidential and uses a variety of evidence based modalities to best fit the individual needs of each client.

3. FEES AND INSURANCE POLICY: Client fees are determined at the initial intake interview. Full payment is due at each session. Clients understand that Kimberly Reil, LPC LAC is not listed under any insurance boards other than some EAPs. If a client believes services rendered with Kimberly Reil Therapy, LLC are covered on their insurance policy it is the client's responsibility to bill their own insurance. Clients are fully responsible for the payment of all fees. The parent(s) or guardian(s) of a minor are responsible for full payment.

**The fee for a 50-minute session (private pay client) is \$175.00. The fee for a drug and alcohol assessment only is \$250. Initial to confirm \_\_\_\_\_**

4. CANCELLATION POLICY: Kimberly Reil Therapy, LLC asks that all clients maintain responsibility regarding appointment times. Appointments are scheduled with a frequency determined to be most beneficial. The time scheduled for your session is set-aside specifically for you. Please understand that payment of your bill is part of your treatment. If you miss a session without canceling, or if you cancel with less than 24 hour notice, you will be charged in full for the missed time. If you are late for a session, you will be seen for the remainder of your scheduled time and charged the full rate. Full payment is due at the time of service and must be in the form of either cash, check, or credit card. Extended payment plans and sliding scales for hardship situations are handled on an individual basis only.

5. EMERGENCY SERVICES: Counseling services with Kimberly Reil, LPC LAC, is **NOT** an emergency service. If you have a mental health emergency, please call your local hospital, emergency services (911), Mind Springs Crisis Line (1-888-2074004), or Aspen Hope Center (970-925-5858 X1).

*I have freely elected the counseling/treatment program offered in good faith and without duress. I agree to defend, indemnify and hold Kimberly Reil Therapy, LLC, from and against all liability, loss or damage.*

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Client Signature/Responsible Party Signature

Date

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

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