



Kelley Johns Counseling, LLC  
1631 Meagan Court, Erie, CO 80516  
(720) 600-7123

Kelley Johns, MA, LPC  
Colorado Licensed Professional Counselor  
MA in Counseling, Colorado Christian University  
BFA in Film Studies, University of Colorado

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Hello!

Welcome, I know from experience that it is not easy to make that phone call. I know it is not easy to ask for what we need, or even what we want. There is something so risky about vulnerability and allowing someone to see our brokenness and humanity. Good job, I am such a fan of yours already. You did the hard thing and made a choice to seek healing. Whatever you bring into my office, I am ready and willing to wade through those waters with you.

My hope for your journey here is that we create a space of safety, vulnerability and healing together. That we take risks, try new strategies, and attend to the parts of ourselves that need attention. The bravest people I know sit in my office. I have the best job in the world, and am honored that you chose to allow yourself to be seen here.

Sitting with a stranger the first few sessions can feel intimidating. I have been practicing therapy in a private practice setting since 2016. I deeply believe in the value of this work. My family and I live an active lifestyle and spend many weekends in the mountains enjoying our beautiful state. I love reading, learning, photography, walks with my husband and girls nights with my best friends. I am an extroverted-introvert, love my people but also enjoy my alone time. I am someone who is very passionate about story and the narratives that have affected and shaped who we are today.

Thank you for trusting me with your story. I am eager to get to know you and hopeful for our journey together. Please don't hesitate to reach out with any questions.

I cannot wait to meet you soon!

Kindly,  
Kelley Johns

## **Disclosure Statement and Informed Consent**

Kelley's therapeutic approach integrates researched-based therapeutic tools and healing modalities combined with narrative therapy. She uses Cognitive Behavioral Therapy, EMDR, communication coaching and identity work through the lens of internal family systems theory. Kelley and the client will decide on a treatment approach based on your individual needs, current struggles, and your personal story and goal.

## **Regulation of Mental Health**

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health licensing section of the Division of Registrations. The Board of Psychologist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202 (303) 894-7800.

The regulatory requirements for mental health professionals state that a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post master supervision.

In a professional relationship, sexual intimacy between and therapist and a client is never appropriate. If sexual intimacy occurs, or has occurred in the past, it should be reported to the board that licenses the therapist.

## **Notice of Client Rights**

You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the anticipated duration of your therapy and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time. I understand that if my counselor believes I would be better served by another form of intervention or theoretical orientation, I will be referred to another mental health professional.

Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and the therapist cannot disclose or release the information 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, the HIPAA Notice of Privacy Rights, as well as other exceptions in Colorado and Federal Law.

## **Confidentiality Limitations**

1. If you indicate a serious intention to harm yourself, your counselor will take steps to prevent such harm from occurring.

2. If you threaten grave bodily harm or death to another person, your counselor is required by law to take reasonable care to protect that other person. This may include telling the intended victim and/or appropriate law enforcement agencies.
3. If a court order is issued, your counselor is required by law to provide the information specifically described by the court (unless an appeal is filed)
4. If you share information about a child or children that have been or are currently being abused or neglected, or if an adult reports abuse by someone who is in a position of trust with any child currently under eighteen years of age, your counselor is required by law to report this to the Department of Social Services or the local law enforcement agency. If you share information about an elder or elders (70 years of age or older) that have been or are currently being abused or neglected, or if an adult reports elder abuse by someone who is in a position of trust with an elder or elders (70 years of age or older), your counselor is required by law to report this to the Department of Social Services or the local law enforcement agency.
5. If you post a threat to national security.
6. If a legal exception arises during therapy, if feasible, you will be informed accordingly.
7. In order to release information pertaining to individuals participating in couples or family therapy all adults involved in therapy must consent to the release of information. additionally, information shared by individuals may be disclosed with participating couples or within the family who is participating in therapy, at the discretion of the therapist.

### **Payment and Cancellation Policy**

Payment in full is due following each session. We have set time aside for you, so out of courtesy, please cancel or reschedule 48 hours before your session begins. If you cancel or reschedule *within* 48 hours of your scheduled session, you will be charged your full rate.

Emergencies will be handled on a case-by-case basis and may require additional documentation. If more than 2 late cancellations or missed appointments occur within a 4 month period, the therapist may terminate treatment.

### **Insurance**

Many insurance companies reimburse for a portion of therapeutic services. I am not paneled or in-network with any insurance companies, but can provide a superbill upon request.

### **Emergency Situations**

In case of an emergency outside of normal business hours please contact:

- Call 911 or visit the nearest hospital emergency room
- Colorado Crisis Services call 1-844-493-TALK (8255) or text TALK to 38255
- Walk-in Crisis Center and Addiction Services, Boulder, CO (303) 443-8500

## **Telehealth**

Telehealth involves the use of electronic communications to enable Kelley Johns to connect with clients using interactive video and/or audio communications and includes the practice of mental health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data.

Generally speaking, the information provided by and to the client during therapy sessions, including telehealth sessions, is legally confidential and the therapist cannot disclose or release the information 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, and the HIPAA Notice of Privacy Rights you were provided, as well as other exceptions in Colorado and Federal law.

I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment.

I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the counselor, that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons.

In an emergency or crisis, which could include situations where the client is a threat to themselves, others, and/or national security, the client will commit to calling 911 or going to the nearest hospital emergency room.

I have read and understood the preceding information regarding telehealth and my rights as a client or as the client's responsible party and I consent to engage in telehealth treatment, for either myself or my child, with Kelley Johns.

## **Notice Of Privacy Practices and HIPAA Disclosure**

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your health record contains information about you and your health. The information about you regarding your past, present, or future physical or mental health condition and related health care services is referred to as Protected Health Information (PHI). This Notice of Privacy Practices use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may access and control your PHI.

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent.

How counselor may use and disclose health information about you:

**For Treatment.** When I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychotherapist.

**For Payment.** I may use and disclose PHI to receive payment for the treatment services provided to you. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

**For Health Care Operations.** These are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits, accounting and billing administrative services, case management, and care coordination.

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment, or health care operations, I will obtain an authorization from you before releasing this information. I may use or disclose your information to family members that are directly involved in your treatment with your written permission. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

**Required by Law.** Under the law, I must make disclosures of your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rules.

**Without Authorization.** Applicable law and ethical standards permit me to disclose information about you without your authorization in a limited number of situations. The disclosures that may be made without your authorization are those that are:

- Required by law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the health department or child protective services).
- Required or permitted by Court Order. If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law.
- I may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provided benefits for work-related injuries or illness without regard to fault.
- Necessary to prevent or lessen a serious or imminent threat to your own health or safety or that of a person or the public. If I believe you are in imminent risk to yourself, I may disclose information in order to initiate hospitalization.

You have the following rights regarding your PHI. To exercise any of these rights please submit your request in writing to [kellyjohnscounseling@gmail.com](mailto:kellyjohnscounseling@gmail.com)

You have the right to inspect and obtain a copy of your PHI. If you feel the PHI I have about you is incorrect or incomplete you may ask me to amend the information although I am not required to agree to the amendment. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

You have the right to request restrictions on certain uses and disclosures of protected health information regarding you. However, I am not required to agree to a restriction you request. You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations.

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI. I reserve the right to change the privacy policies and practices described in this notice. If I revise my policies and procedures, I will notify you by mail. You have a right to a copy of this notice.

If you believe I have violated your privacy rights, you have the right to file a complaint with the Department of Regulatory Agencies in Colorado. I will not retaliate against you for filing a complaint. The effective date of this Notice is January 1st, 2022.

Please keep this Privacy Disclosure for your records.

### **Financial Agreement and Authorization for Treatment**

I have read the preceding information, and I understand my rights as a client or as the client's responsible party and I consent to enter treatment, for either myself or my child, with Kelley Johns, MA, LPC.

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Client Name

Date

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Client or Responsible Party

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Relationship to Client