



**Holly Barnes, M.Ed., MA, NCC, LPC**  
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## **Client Rights Statement**

### **Your Rights as a Counseling Client**

Colorado state law requires that I provide you with a disclosure statement outlining my credentials as a therapist and your rights as a client. Please do not hesitate to ask questions about the information contained herein. The practice of both licensed and registered persons in the field of psychotherapy is regulated by the Mental Health Section of the Division of Regulatory Agencies in the State of Colorado. Any questions, concerns, or complaints regarding the practice of mental health may be directed to: Mental Health Grievance Board, 1560 Broadway, Suite 1340, Denver, Colorado 80202, (303) 894-7766. You are entitled to receive information about the methods and techniques of therapy I use, duration of therapy (if known), fee structure, and my degrees, credentials, and licenses. You may seek a second opinion from another therapist or terminate therapy at any time. In a professional relationship such as ours, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

### **Confidentiality**

Generally speaking, all information provided to me by you in our professional relationship is confidential except in the following circumstances: (a) you sign a release of information for a specific individual or agency; (b) child or elder abuse; (c) you are in imminent danger to self or others; (d) subpoena of records in a criminal procedure. Additionally, I may consult with a treatment team of supervisors and colleagues. The purpose of consultation is to enhance my ability to help you, and these individuals are required to follow the same standards of confidentiality previously described.

### **Theoretical Perspective**

I work from a holistic and integrative approach that utilizes components of client-centered, cognitive behavioral, depth, somatic, and experiential theories to best meet your needs. I collaborate with you to understand the struggles you face and how you can make the changes you desire. I believe that the past informs the present and the future. I think problems are the result of experiences that happen in our external environment which, in turn, impact our internal experience. I believe that our experiences, our responses to our experiences, and our conscious and unconscious memories, influence us on a daily basis. I believe it is essential to understand the context of people's lives and I seek to help support the whole person in therapy. Together we will work to make positive changes in your life, working in holistic manner that addresses the mind, body, emotions, spirit, and social environment.

**Hypnotherapy Services:** Heart-Centered Hypnotherapy is a powerful healing modality. This is a deep subconscious process different than hypnosis. It is practiced in a relaxed state of consciousness to get underneath self-sabotaging patterns of behavior and agreements made in childhood that are now keeping the adult stuck in life. For people that are looking for lasting changes, clarity on patterns and recalibrating the self - this is an effective way to access this level of healing. This type of hypnotherapy goes straight to the source of the "faulty" programming that we have been running on. Heart-Centered Hypnotherapy is one of the most direct ways to re-program the internal tapes that play in the mind and control behavior. We can talk about over and over in the conscious mind, but in order to change the programming we have to access it through the subconscious. People emerge from these sessions feeling free of their inner judgment, shame, guilt, anger, grief, jealousy, abandonment, loneliness, and anxiety.



Heart-Centered Hypnotherapy sessions are typically 90 minutes in length. The healing portions of the sessions can be recorded to have as an additional resource as you work with the shifts in energy and clarity that come from this work. I do not bill insurance for Heart-Centered Hypnotherapy sessions. I do offer packages for people that are wanting to take that step and invest in lasting change and healing.

### **Electronic Media**

I, Holly, will always do my best to maintain confidentiality in electronic media such as email and telephone messages including but not restricted to voice and text messages. Due to the nature of ever changing technology, 100% confidentiality is not guaranteed through these means.

### **Credentials**

I received a Master of Arts in Counseling degree from Regis University, Denver, CO in August 2010. I also hold a Master of Education degree from Regis University. In addition, I am a National Certified Counselor, Certification Number #275617, and Licensed Professional Counselor in the state of Colorado #12436. Leslie Hughes-Lind, MA, LPC #0011417 is my supervisor in Louisville, CO. All discussions within supervision are kept in strict confidence, without using names or identifying information.

### **Cancellations**

Since I have reserved your appointment time exclusively for you, it is my policy to receive at least a 24 hour cancellation notice or you will be charged the full session rate for the appointment. I will negotiate exceptions for emergencies such as severe weather or sudden illness on an individual, per time basis.

### **Payment**

At this time I offer individual therapy and hypnotherapy (please see above). My current rate is \$120 per 60-minute individual psychotherapy. Payment is expected at the time of service and a credit card number will be left on file. Receipts are available upon request. I do offer an adjusted, sliding scale rate related to ability to pay.

### **Telephone Calls and Emergencies**

I am available to return business calls between 9am and 5pm, Monday through Friday. Every effort is made to return communications within a 24 hour period of time. Messages left on Friday will be returned on Monday morning. If I am out of town, I will give you the name and phone number of the associate covering for me while I am gone. *I do not provide 24 hour emergency coverage.* If you have an emergency please call your local 24 hour crisis line listed in the front of your phone book or call 911 or head to your nearest emergency room.

### **Outside of Therapy**

As your therapist I cannot have any other role in your life. I cannot, now or ever, be a close friend or socialize with my clients. I cannot have business relationships with any of my clients. If we meet by happenstance in outside circumstances I cannot acknowledge you unless you speak to me first. If we do speak, I will keep the conversation brief. My behavior will not be a personal reaction to you but a way to maintain the confidentiality of our relationship.



**Agreement and Acceptance**

Please do not hesitate to ask for clarification or further information if necessary. By signing below, you confirm that you have read, understood the proceeding information, and that you agree to the stated terms, fees, and policies.

**I have read** the preceding information, and I understand my rights as a client or as the client's responsible party.

_____	_____
Client Signature (parent or guardian for a minor)	Date

_____	_____
Client Signature (parent or guardian for a minor)	Date

_____	_____
Holly Barnes, LPC	Date