

Thrive Counseling Group
Megan Ness
191 University Blvd, #815, Denver, CO 80223, Phone: (720)204-1757

CLIENT INFORMED CONSENT AND DISCLOSURE STATEMENT

Thank you for your interest in working with me as a client. I am providing you with the following information so you can make an informed choice about your decision to engage my services. Please read this information carefully and let me know if there is any part you do not understand.

Theoretical Approach

My therapeutic approach is client-centered and eclectic. Just as no two clients are alike, so neither are my methods for dealing with every client. I believe that each of us are a beautiful mix of our past wounds, present wounds, past joys and present joys. I believe that there are useful practices and theories within many of the current psychotherapy approaches. My primary method of support work is called Splankna Therapy. It is a biblically based protocol for energy psychology. "Energy Psychology" utilizes the same system in the body that acupuncture and chiropractic are based on to resolve unbalanced emotions that are stored in the body. "Energy Techniques" is a collective term used to refer to a variety of methods based on the use, modification, and manipulation of energy fields that look at imbalances within the person's energy system as well as the energetic influence of thoughts, beliefs, and emotions on the body. The prevailing premise of the Energy Techniques is that the flow and balance of the body's electromagnetic and more subtle energies are important for optimal physical, spiritual, and emotional functioning. Splankna Therapy is designed to help get to the origin of an emotional issue with the goal of rapidly desensitizing the emotional stress connected to a past event. Splankna Therapy incorporates elements from several newly-emerging energy-based psychotherapy, coaching, and self-help techniques, specifically Neuro-Emotional Technique, Thought Field Therapy, and Eye Movement Desensitization and Reprocessing. Prayer is intertwined throughout the protocol with a deep emphasis on trusting the lead of the Holy Spirit. Basic biblical principles are also incorporated such as confession, repentance and forgiveness.

Although Energy Techniques like Splankna Therapy appear to have promising emotional, spiritual, and physical health benefits they have yet to be fully researched by the Western academic, medical, and psychological communities and, therefore may be considered experimental. The Energy Techniques are self-regulated and they are considered alternative or complementary to the healing arts that are licensed in the State of Colorado. Because Energy Techniques are relatively new healing approaches, the extent of their effectiveness, as well as their risks and benefits, are not fully known. If you ever have questions or concerns about the nature of the theories, methods, approaches and/or techniques I use, please feel free to ask me for further resources or references.

Outcome Expectations/Risk & Benefits/Treatment Plan

Please note that it is impossible to guarantee any specific results regarding your goals using any of the approaches I offer in my practice and I cannot know how you will personally respond to any of the approaches. However, we will work together to achieve the best possible results for you. Our work together requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. You will have to work both in and out of our sessions. I will ask for your feedback and views on our work and its progress, and will expect you to respond openly and honestly. As with any intervention, there are risks associated with Energy Psychology. Risks might include remembering, talking about, or experiencing unpleasant events which results in uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, worry, etc, or experiencing anxiety, depression or insomnia, etc., or having difficulties with other people. Being confronted with your difficulties can be very challenging. Some changes may lead to what seems to be worsening circumstances or even losses (for example, performance work can not necessarily keep a marriage intact.).

In addition, if you choose to engage Splankna Therapy, emotional or physical sensations or additional unresolved memories may surface which could be perceived as negative side effects. You may experience some temporary emotional distress and physical discomfort related to prior life experiences.

If we are to work together we will need to specify methods, risks and benefits of treatments, the approximate time commitment involved, costs and other aspects of your particular situation. We will discuss a plan that seems most appropriate to help you reach your goals. However, regardless of our work together, you agree to take full responsibility for your self-care in the emotional, mental, physical, and spiritual dimensions of your life.

Other Important Information

Please be advised that I am not a licensed mental health professional and the approaches I offer are not intended to be a substitute for medical diagnosis or psychotherapy and they do not replace the services of a licensed physician or licensed psychotherapist. You agree and understand it is your responsibility to consult with your physician/psychiatrist for any specific medical problems. Further, you understand I may suggest you contact your physician or psychologist/psychiatrist if I believe it's advisable. In addition, you understand that any information shared during our sessions is not to be considered a recommendation that you stop seeing your physician or using prescribed medication, if any, without consulting with your physician/psychologist, even if after a session it appears and indicates that such medication or treatment is unnecessary.

Use of Touch

You understand the application of Splankna Therapy includes light touch on the back of the wrist. Touch can be a potential problem in a support relationship if you feel it is inappropriate. **If you have any misgivings, doubts, or any negative reactions to any physical contact, it is very important that you let me know as soon as possible so that we can discuss your concerns.** You understand you have a choice about these techniques that involve touch.

Education and Training

2001 – B.A. in Communications Studies, Furman University, Greenville SC

2012 – Masters in Christian Psychological Studies, Richmond Graduate University, Atlanta GA

2014 – Trained in Level 1 Splankna Therapy, Denver, Colorado.

2014 – Trained in Level 2, Advanced, Splankna Therapy, Dallas, Texas. Certified Splankna Practitioner.

Acknowledgment and Consent to Receive Services

By signing this document and any attachments hereto, you agree that I have disclosed to you sufficient information to enable you to decide to undergo or forgo any of the approaches and other services I offer. You understand that your consent to the nature of our sessions is given voluntarily, without coercion, and may be withdrawn at any time in the future. Further you understand that Splankna Therapy is a relatively new healing approach and the extent of its risks and benefits are not fully known and you agree to assume and accept full responsibility for all risks associated with using Splankna Therapy. You represent that you are competent and able to understand the nature and consequences of our proposed sessions and agree to be personally responsible for the fees related thereto. You have read and understand the above disclosure about the services offered by me and my training and education and you have discussed with me the nature of the services to be provided, and except in the case of gross negligence or malpractice, agree to release, indemnify, hold harmless and defend Megan Ness and Thrive Counseling Group, its owners, managing partner, members, employees, representatives, and, consultants from and against any and all claims or liability, of whatsoever kind or nature, which you, or your representatives, may have for any loss, damage, or injury, including without limitation, physical, emotional, mental, financial, or personal, arising out of or in connection with your sessions.

Regulatory Agencies

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, certified school psychologists, and unlicensed individuals who practice psychotherapy. The agency within the Department that has specific responsibility for licensed and registered psychotherapists is the State Grievance Board, 1560 Broadway, Suite 1350, Denver, Colorado 80202 PH: 303.894.2368.

Client Rights and Important Information

You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy, if I can determine it, and my fee structure. By signing this document, you are acknowledging that you have received this information. You can seek a second opinion from another therapist or terminate therapy at any time. In a professional relationship, such as ours, sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs it should be reported to the State Grievance Board.

Confidentiality

Generally speaking, information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or a Registered Psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.

Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or a Registered Psychotherapist is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates.

There are exceptions to the general rule of confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in C.R.S. 13-90-107. There are exceptions that I will identify to you as the situations arise during therapy.

COUPLES COUNSELING AND CONFIDENTIALITY: The legal standing of privileged communication is less clear in marital and family work where there are multiple clients. Information given to me in individual sessions will be held in confidence, unless I believe that withholding that information will be harmful to the other partner or to the couples' alliance. You understand that by signing this document you agree that in such cases, I may inform the other partner of that essential information.

Explanation of Dual Relationships

We will form a close professional relationship during our work, and you will become exceedingly important to me as my client. It is important to know that our relationship is a therapist/client one and there can be no other other relationship during this time, such as your being my plumber or lawyer; dual relationships are not ethical as long as we have this professional one. If we encounter each other in a social setting, I will take my cue from you whether you wish to acknowledge knowing me and wish to greet me. In any case, I will always maintain your confidentiality.

Fee Structure

Regular Sessions and Fees Each session we will meet for 50 minutes. My full fee is \$85 for individual and marital counseling, and ask that this fee be paid at the beginning of each session. (I also offer a cash/check discount of \$3 per session). A \$25 fee will be charged for returned checks. If you need to cancel an appointment, please give me 24-hour notice by phone or voicemail (email is not timely). I will charge the full fee for a session cancelled with less than 24-hour notice. While for us both this may seem draconian at worst and irritating at best, given the careful scheduling I must maintain, it seems necessary to do. (Emergencies require individual adjustments.) You may call 303-946-1688 regarding any questions you may have, and I will get back to you at my earliest availability. Please note that I use a cell phone for my main means of connection. Cell phones do not guarantee confidentiality. By signing this form you are allowing me to use my cell phone for our out of office communications. You may also contact me via email. Again, please note that email does not guarantee confidentiality. By signing this form you are allowing me to use email for our out of office communications.

Extra Sessions or Time

Emergency office or phone sessions (full or reduced time) can be scheduled during the regular work week (9-3 Monday – Friday) and paid for on a prorated basis. Any paperwork or extensive reading at your request will also be charged on a prorated basis. There are times that a short check-in with me may help in your work, and I welcome the chance to support you. 10-minute phone consultations are not charged to you.

Client's Signature

Date

Megan Ness, Therapist

Date