

## **Intake Form:** First/Last Name: Mailing Address: E-Mail Address: Phone Numbers: (hm) (wk) (cell) Best Time to Reach You: \_\_\_\_\_ Okay to Leave Message: Yes No Would you like to receive my monthly e-newsletter with inspirational articles and quotes, as well as notification of upcoming workshops/events: Please describe your current challenges/concerns: What benefits do you desire from our work together: What are your interests and passions:



## MANDATORY DISCLOSURE OF INFORMATION KAREN E. MEHRINGER DBA/CREATIVE TRANSFORMATIONS NONLICENSED PSYCHOTHERAPIST

This statement is being provided to you so that you are aware of your rights as a psychotherapy client. Please read this and discuss any questions or concerns you have before signing it.

## Office Locations:

People House 3035 W 25<sup>th</sup> Avenue Denver, CO 80211 Integrative Health, Inc. 5191 S. Yosemite, Suite B Greenwood Village, CO 80111

I earned a Master's degree in Marriage and Family Therapy from the University of San Diego in May 2001 and have practiced therapy in a variety of settings since 1999. I am currently listed as an unlicensed psychotherapist with the state of Colorado.

The practice of both licensed and unlicensed psychotherapists is regulated by the Department of Regulatory Agencies. This covers 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 such as my self. In states other than Colorado, I am not registered or licensed to work as a psychotherapist and am considered a Life Coach

The Colorado State Grievance Board is directly responsible for unlicensed psychotherapists, and covers Colorado residents only. The Board may be reached at:

State Grievance Board 1560 Broadway, Suite 1370 Denver, CO 80202 (303) 894-77766.

As a client, you are entitled to receive information from me about my methods of therapy, the techniques I use, and the duration of your therapy (if I can determine it).

The information and work that I provide is no way a substitute for medical treatment or advice. At all times, clients should seek a licensed medical or psychological opinion concerning any physical problems, long-term depression, etc. It is your right at any time to seek a second opinion from another therapist, and you are free to terminate therapy at any time.

In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate and should be immediately reported to the State Grievance Board. It is also never appropriate for a therapist to date a client, even casually, or develop a friendship or have any type of business or dual relationship for at least two years after termination of any type of therapeutic relationship.

Information provided by clients during session is legally confidential, unless you share with me information about abuse to a child or imminent danger to yourself or to others. In these cases, I am required by law to report this information. Further, information disclosed 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.

## Fees and Policies:

My fee is \$90 for a full hour, \$120 for 1.5 hours. I bill by the quarter hour. Pre-paid packages are \$240 for three one-hour sessions (save \$30). Accepted methods of payment are checks, cash, credit card via Pay Pal on-line, and money orders (US funds). Checks are to be made out to *Creative Transformations*. Creative Transformations requires a 24-hour cancellation notice via the telephone for all appointments or the full fee for services will be charged. Exceptions include inclement weather, illness, or emergencies.

| Client Signature | Date |
|------------------|------|
| Therapist        | Date |

I have read the preceding information and understand my rights as a client.