

Shannon Rants, MA, LPC - 720-375-5146

ShannonRantsMA@gmail.com / www.ShannonRants.com
PO Box 9291 Denver, CO 80209

COUNSELING DISCLOSURE STATEMENT

COUNSELING AND PSYCHOTHERAPY

Psychotherapy is an active and creative process between client and therapist. I want to hear from you about your goals in counseling, how therapy is proceeding, your questions about methods, and your feedback about what is helping and what is not. This makes it possible to clearly tailor the therapy plan to meet your needs and goals. There are always risks involved in the counseling and psychotherapeutic process. You may experience strong emotions, confusion, pain, anxiety, the need to make difficult choices, conflicts between existing assumptions and beliefs, and even physical distress. It is important that you inform me immediately if any of these symptoms occur.

BACKGROUND AND TRAINING OF SHANNON RANTS

I received a Masters in Counseling from Grace College , a CACREP accredited program and I am Licensed as a Professional Counselor in the State of Colorado, License # 5314. Since 2002, I have practiced clinically through practicums, internships, and post-degree hours in a variety of settings (University students, residential treatment for adolescence and families, inpatient and outpatient mental health hospitals, and through private practice) with individuals, Adolescents, and families. I have taught psychology courses at Front Range Community College and am currently teaching as an adjunct professor at Colorado Christian University for their Masters in Counseling program.

STATE GRIEVANCE BOARD

The Colorado Department of Regulatory Agencies has 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 responsibility specifically for licensed professional counselors is the State Board of Licensed Professional Counselor Examiners, 1560 Broadway, Denver, Colorado 80202, (303) 894-7766.

CLIENT RIGHTS AND IMPORTANT INFORMATION

1. 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. Please ask if you would like to receive this information.
2. Counseling is **voluntary**. You can seek a **second opinion** from another therapist or **terminate** therapy at any time.
3. In a professional relationship, such as ours, **sexual intimacy** between a therapist and client is never appropriate. If sexual intimacy occurs, it should be reported to the **State Grievance Board** (above).
4. The confidentiality of the counseling provided by Shannon Rants is protected by law. Unless you grant Shannon permission to do so in writing, she will neither inform anyone that you are receiving therapy, nor will she disclose the content of any session. The only circumstances under which such professional **confidentiality** may be broken is if one or more of the following conditions apply:
 - If you pose a serious physical danger to yourself or to another person.
 - If you disclose that you or another person has physically or sexually abused or molested a child, an incompetent or disabled person.
 - If you disclose that a child, an incompetent or a disabled person is suffering because of neglect.



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SUPPORT AND EMERGENCY SERVICES

There may be times when you feel a need to talk with me in-between sessions. You may call my confidential voice mail at **(720) 375-5146** and leave a message or you may email me at ShannonRantsMA@gmail.com. I try my best to return messages within 24hrs during the business week unless otherwise communicated.

I do not provide 24-hour phone or email coverage.

Therefore, I am usually not available on an emergency basis and due to back-to-back sessions it is possible that I will not be able to return your call immediately. It is not recommended to use email for an emergency. Also, if you place a call on a Friday afternoon, I may not retrieve your message until Monday morning. I do not check voice mail or email over weekends. If you are in a state of panic or overwhelming pain, I suggest that you leave me a message and then contact your support team, your local mental health hospital or go to a local emergency room for further assistance. When I do return your call, you will not be charged for a phone conversation less than 5 minutes. For phone calls over 5 minutes however, you will be charged for the total time at my customary fee.

SESSIONS AND PAYMENT POLICY

Each client/parent is responsible for payment in full at the time of each session. Shannon charges \$85.00 per 45-50 minute session. A \$25 administrative fee will be charged on all checks that are returned for non-sufficient funds. Phone consultations are billed in 15-minute increments (\$25.00 minimum). All calls over five minutes will be billed accordingly. Any additional work by Shannon, such as providing summary notes to a third party, will be billed at a prorated rate based on our current individual session rate (\$85.00/per 50min).

INSURANCE

Many insurance plans reimburse for some portion of psychotherapy. Please direct questions about reimbursement amounts and timeliness to your insurance company. The FRCC counselors are not contracted (in network, preferred provider) with any insurer. We will provide you with a receipt for the counseling service at your appointment that may be used to submit for reimbursements if you choose. Please note that we do not complete any insurance paperwork.

CANCELLATIONS

We understand that it may, at times, be necessary to cancel an appointment. To help your therapist be most efficient and responsible in the use of our time, I require that any changes or cancellations be made at least **24 hours in advance**. Any changed, cancelled, or missed appointment with less than 24-hour notice will be charged \$85.00.

TELEPHONE AND SKYPE THERAPY

Psychotherapy is typically in the form of regularly scheduled, face-to-face, individual sessions. For that reason, I recommend office-based counseling.

However, some clients are unable to find a suitable therapist in their geographical area and, therefore, they decide to conduct at least some therapy in the form of telephone or Skype counseling, or consultation. It is important for the client to recognize the following:

- that telephone consultations are educational, but may not be as effective as face-to-face sessions;
- that the psychotherapist providing the services are practicing under the jurisdiction of her own state, and is not necessarily licensed to practice in the client's state; and that supplementary, face-to-face therapy or transfer to another psychotherapist may be necessary if the client should experience severe emotional disturbance, such as anxiety or depression.



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The client should recognize that there is some controversy regarding the use of telephone and Skype therapy. The use of telephone and Skype sessions is intended to allow for a provision of services in areas beyond geographic service areas of my practice. The American Psychological Association has issued a cautionary statement. One concern is that the therapist is unable to assess the client's affect or demeanor by telephone. Also, some experts have suggested that telephone therapy may be seen as unlicensed practice in states outside of Colorado. My position, *which appears to be supported by Colorado law*, is that these decisions do not constitute practice outside Colorado. If requested by the client, I will provide a copy of the American Psychological Association's position on telephone therapy.

CONSULTATION

I regularly consult with other licensed therapists for professional advice and consultation. The information disclosed in our counseling sessions may be discussed in the course of this consultation. The licensed therapists with whom I consult are also required to follow the ethics of professional confidentiality, which means they will not disclose names or any revealing information that is discussed with regard to our counseling.

TEACHING AND PUBLIC SPEAKING

I regularly speak in public settings and teach in academic settings on issues of human brokenness, sexuality, identity, processes of change and growth, etc. From time to time I draw on the stories and experiences of my clients to illustrate specific points. When this occurs, the client's actual name, age and any identifying information about the client's story IS CHANGED, ALTERED OR OMITTED. Any subject matter shared is general so that confidentiality is securely retained. Please speak to me if you have any questions in this regard.

I HAVE READ AND UNDERSTAND (OR HAVE ASKED FOR CLARIFICATION OF) THE INFORMATION PRESENTED IN THIS FORM. A copy of this document has been given to me for my records. I consent to therapy, evaluation, treatment, and/or referral.

Signature of Client or Legal Guardian

Signature of Spouse (when in joint therapy)

Date

Date

Signature of Counselor

Date

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SHANNON
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