DISCLOSURE STATEMENT

YOUnify Counseling

Shannon Ross, Splankna Practitioner

13511 Northgate Estates Dr, Ste 200, Colorado Springs, CO 80921

Ph: 720-425-7408

2013 Splankna Level 1 Certification

2014 Splankna Advanced Level Certification

2015 Master Level Splankna Certification

**CLIENT RIGHTS AND IMPORTANT INFORMATION**

a. You are entitled to receive information from me about my methods of therapy, the techniques

I use and the duration of your therapy. Please ask if you would like to receive this informa-

tion. My fee is $45 per clinical hour (60 minutes) for counseling.

b. You can seek a second opinion from another practitioner or terminate therapy at any time.

c. In a professional relationship (such as ours) sexual intimacy between a practitioner and a client is

never appropriate. If sexual intimacy occurs, it should be reported to the Department of

Regulatory Agencies.

d. Generally speaking information provided by and to a client in a professional relationship with

a psychotherapist is legally confidential and the practitioner cannot disclose the information

without the client’s consent. There are several exceptions to confidentiality which include:

(1) I am required to report any suspected incident of child abuse or neglect to law enforce-

ment ; (2) I am required to report any threat of imminent physical harm by a client to law

enforcement and to the person(s) threatened; (3) I am required to initiate a mental health

evaluation of a client who is imminently dangerous to self or to others, or who is gravely

disabled, as a result of a mental disorder, (4) I am required to report any suspected threat

to national security to federal officials; and (5) I may be required by court order to disclose

treatment information.

e. Under Colorado law C.R.S. 14-10-123.8, parents have a right to access mental health treat-

ment information concerning minor children, unless the court has restricted access to such

information. If you request treatment information from me, I may provide you with

treatment summary, in compliance with Colorado law and HIPPA Standards.

**DISCLOSURE REGARDING DIVORCE AND CUSTODY LITIGATION**

If you are involved in divorce or custody litigation, my role as a practitioner is not to make any

recommendations to the court concerning custody or parenting issues. By signing this Disclosure

Statement, you agree not to subpoena me to court for testimony or for disclosure of treat-

ment information in such litigation; you also agree not to request that I write any reports to the

court or to your attorney making recommendations concerning custody. The court can appoint

professionals who have no prior relationship with family members , to conduct an investigation

or evaluation and to make recommendations to the court concerning parental responsibilities

or parenting time in the best interests of the family’s children.

**THEORETICAL ORIENTATION**

Integrative/Systems: Intervention is based on the belief that problems and solutions exist within

an individual or relational “system” for some logical functions, rather than individual “pathology”.

Interventions are based on the belief that the subconscious catalogues the individual’s

life experiences and that previous trauma tends to cause current symptomology. Mind/body

interventions are employed to clear previous trauma, thus relieving the current symptoms.

This intervention is also faith-based and prayer is used in completing the protocol.

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

full responsibility for any & all actions taken by myself or my child concerning any therapeutic

assignments, mind/body work or prayer work with Shannon Ross. I affirm that I am the legal

guardian and/or custodial parent with legal right to consent to treatment for any minor child

or children that I am requesting services for with Shannon Ross. I understand that mind/body work

involves minor touch by the practitioner and I give my permission for that. I understand that I am

not receiving medical diagnosis, medical treatment or prescriptions but psychotherapy interven-

tions. I hereby release Shannon Ross and YOUnify Counseling Center from any liability resulting

in any possible damages or loss incurred in our association.

Email, text and other forms of electronic communications may only be used for logistical pur-

poses, i.e. appointment scheduling or cancellation, directions to the counseling center etc. I

am not available through these means for processing work from therapeutic appointments.

You may make an appointment to talk by phone when in crisis or call your 911 or Aspen Pointe Crisis Hotline at 635-7000.

I have read the preceding information & it has been presented to me verbally. I understand my

rights as a client & the disclosures that have been made to me. By signing below, I also agree to

permit consultation & am providing release for my practitioner to seek consultation with other

psychotherapists or professionals, if the need arises. I also acknowledge that I have received a

copy of this disclosure statement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature/Legal Representative Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practitioner Date