



### **Welcome ...**

Reaching out for support requires tremendous courage, and I appreciate that you have chosen to work with me as your therapist. As a client, you have certain rights that are protected by legal, professional, and ethical standards, and it is important that you are clearly informed of these rights, my background and credentials, and the nature of the therapeutic process, before we begin our work together.

### **Nature of Counseling, and the Therapeutic Process**

As a client, you have the opportunity to explore issues in your life that may be impacting your work, studies, family life, relationships and/or sense of who you are. This can sometimes feel uncomfortable and cause emotional distress, although this is most often en route to feeling greater calm and resolution. There are many possible benefits, such as increased awareness, skills in managing life's stressors, and significant personal and relational growth.

### **Therapist background**

I am a Licensed Professional Counselor (LPC 0012205) in the state of Colorado, with an MA in Counseling Psychology from the University of Colorado Denver. I am also a Certified Hakomi Therapist (CHT). I integrate a variety of approaches, which I adjust to meet individual client needs, but I tend to work from a place of mindfulness, holism (recognizing and working with the mind-body connection), and organicity (honoring your innate push towards healing and wholeness), with a strong trauma- and post-traumatic growth- informed background.

### **Professional Licenses, Certifications and Trainings**

- Post Traumatic Growth Somatic Therapy Certification, January 2020, Durango, CO
- Hakomi Certified Therapist, August 2016
- The Hakomi Method of Experiential Psychotherapy, Advanced Training, February 2016 – July 2016, Hakomi Institute, Boulder, CO
- The Hakomi Method of Experiential Psychotherapy, Comprehensive Training, Sept 2013 – Sept 2015, Hakomi Institute, Boulder, CO
- EMDR, Children & Adolescents, Sept. 2014, EMDRIA Conference, Ana Gomez, Denver, CO.
- EMDR and Somatic Interventions, July 2014, Maiberger Insitute, Boulder, CO
- EMDR and Attachment, March 2014, Maiberger Institute, Boulder, CO
- EMDR (Eye Movement Desensitization and Reprocessing), April 2013, Maiberger Institute, Boulder, CO
- Accessing Mind, Body, and Breath in Trauma Treatment: Yoga, Mindfulness, and Sensorimotor Interventions, August 2012, Ann Bortz, PsyD, E-RYT & Erica Viggiano, LCSW, E-RYT, Breathe Yoga Studio, Denver, CO
- Emotional Intelligence in Relationships: Advanced Strategies for Rewiring Outmoded Emotional Habits (PET-C), with Brent J. Atkinson, PhD, June 2012, Noeticus Counseling Center and Training Institute, Denver CO
- Dialectical Behavior Therapy Training, March 2012, Noeticus Counseling Center and Training Institute, Denver CO
- PACT (Psychobiological Approach to Couples Therapy), Level One, October 2017, Santa Fe, NM
- PACT Couples Therapy, Level Two, October 2019, Boulder, CO
- Telemental Health Certification Program, Person Centered Tech, March 2020, online from Portland, OR

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### **Consent for the Treatment of a Minor**

In the state of Colorado, minors age 15 and older can seek therapeutic services and sign consent without parental knowledge. As of May 2019, per C. R. S. § 12-43-202.5, minors ages 12-15 are able to also seek therapeutic services with or without the consent of a parent or legal guardian if it is determined that: they are knowingly and voluntarily seeking services and the provision of services is clinically necessary and beneficial to their well-being. I may notify their parent(s)/legal guardian(s) unless to do so would be inappropriate or detrimental to the minor's care and treatment; I will engage the minor in conversation around the benefits of involving their care-givers in the process; I may notify parent(s)/legal guardian(s) without consent if I do not believe the minor is able to effectively manage their care and treatment on their own; if the minor expresses suicidal intent I will notify the parent(s)/legal guardian(s) with or without consent as well as making all other provisions to keep the client safe. All of the above will be documented in the minor client's file.

In all cases, if it will not cause harm to the client or be detrimental to their treatment, I do require that youth under 15 years old have all parent/guardian(s) who have legal custody sign consent for treatment and disclosure forms along with the minor. If custody is shared, both parents must be informed that their child is in therapy, provide a copy of the legal custody document, and sign consent forms. A parent must be readily available during their child's treatment time, and join the session at the end to share updates on progress.

### **Diversity, Inclusion, and Honoring You**

I welcome all clients, inclusive of race, ethnicity, gender, sexual orientation, religious or spiritual affiliation, ability, and other factors. I put intentional effort into being mindful of how my own identity impacts who I am as a therapist, and welcome open discussion around any similarities or differences that show up between us, how they impact our work, and how these issues potentially mirror other areas of your life. It is important to me that I make full effort to honor all parts of who you are.

### **Limitations of Service**

I strive to return calls within 24 hours, during my normal work week. I am available to provide an additional 10-15 minutes of support between sessions, if needed, via phone or email. Any phone calls, emails, and/or client-requested letters taking more than this will be billed on a pro-rated basis, with your consent. I may not be available for emergency or crisis services outside of our normal session times. If you have a need for greater support, such as in the case of suicidal, homicidal, or psychotic behaviors, I will help you find appropriate referrals and support.

***In the event of a mental-health crisis, please contact the local 24-hour Emergency Services at (970) 252-6220.*** Alternatively, you can call 911 or go to your nearest emergency room.

### **Confidentiality & Disclosure of Information**

Verbal, written, and/or electronic information cannot be shared without your express, written consent, with a few exceptions: possibility of imminent harm to yourself or another person, if you are not able to

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safely take care of your basic needs due to a disabling condition, reasonable suspicion of child, elder, or dependent abuse, in the case of a court order, and for supervisory purposes (as outlined below). HIPAA guidelines also apply. You may also choose to have me share information with others, such as a past therapist, doctor, etc., for continuity of care. If you choose to do so, your signature on a consent form for release of information (ROI) must be directed to a specific person, for a specific purpose, for a predetermined amount of time.

### **Confidentiality and Couples/Relational Sessions – “No Secrets” Policy**

For relational work and couples counseling, the relationship is seen as the client, not the individuals themselves. Because of this, openness and honesty are vitally important. While there may be times during relational/couples counseling when I work with the partners individually, it is always in service of the larger relationship, and therefore I do not keep secrets between partners. If you share something with me, I will support you in finding a way to share it with the other person/people in the relationship.

### **Use of Therapeutic Touch**

I am trained in the therapeutic use of touch, with adult clients only, as a part of the Hakomi method and may offer this intervention if it is appropriate for your care. Therapeutic touch in this context is often very simple – offering my hands to push against, providing support or pressure on the shoulders or back, etc. – this is always offered with the greatest respect for your boundaries and is never sexual in nature. You always have the choice to say no to this intervention, and if you agree once that does not indicate continued agreement; I will always ask each time before offering touch as an intervention. There are many ways of working with the same material without touch, and choosing to not use this technique in no way hinders your progress.

### **Confidentiality, Safety, and Off-site Services**

In the case that off-site services have been deemed to be an effective medium, for your safety and mine I share location information with a safety contact before meeting with you at the designated location. I also make contact with this person when I leave at the end of the session.

### **Clinical Supervision & Consultation**

It is standard practice, and to your benefit as a client, for me to receive regular and on-going clinical supervision and/or peer consultation by (a) qualified clinician(s). As your therapist, I regularly participate in supervision and consultation, and see this as an integral part of creating and maintaining professional and ethical integrity. By signing this, you agree to allow me to release information on an as needed basis, regarding evaluation, course of treatment, and progress. This is always done according to the rule of “minimum necessary.”

### **Payment: Direct Payment**

Payment is expected at the time of service; cash, personal check, and credit/debit card are accepted. Checks should be made out to “Unfold Counseling.” If a check is returned due to insufficient funds, a \$40 service fee will be assessed, and you will need to pay with cash until the situation is sorted. This fee

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will not be billed to your insurance, and you are expected to pay this amount on or before your next scheduled appointment.

Occasionally we all forget our wallets; however, you may have no more than one (1) outstanding payment at any given time. If someone other than yourself is paying for services on your behalf, please let me know at your first appointment, and you will need to sign a Release of Information (ROI) form in order for me to communicate with them about payment. If for any reason this third party is unable to pay for services, you will be personally responsible for the cost of services you have received.

### **Payment with Insurance**

If you choose to use your insurance benefits to pay for services, it is your responsibility to verify the details of your coverage (your co-pay, what services are covered or not, deductible, and confirmation of therapist as in- or out-of-network) before the first appointment. I will help you with this as much as I can. Typically, you can find a member services number on the back of your card to call, where you can find out this information. Please understand that this insurance information is not necessarily a guarantee of what the insurance will cover. Benefits are subject to all contract limits and the member's status on the date of service.

I will either bill insurance directly for you or provide a superbill for you to submit if I am out of network. After billing, you assume responsibility for claims not paid by your insurance and/or during any lapse in coverage. You are expected to pay any copays at the time of service. If you have a deductible that has not yet been met, you are expected to pay the full contracted fee at each service until such deductible is met. If there is a change in coverage, please let me know as soon as possible, to avoid delayed claims that could end up back on you to pay. I abide by whatever my service-based contracted rate is for your insurance for as long as you are with that same plan. If you have a lapse in coverage and/or stop your insurance coverage, we will discuss out-of-pocket fees and payment.

### **Electronic Payment & Communications**

If you wish, you may pay fees electronically – through funds transfer or using a payment card -- using any of the following services:

- **Square**

*Please Be Aware of the Following:*

I have a duty to uphold your confidentiality, and thus wish to make sure that your use of the above payment services is done as securely and privately as possible. After using any of the above services to pay your fees, that service may send you receipts for payment by email or text message. These receipts may include my business name, and this would indicate that you have paid for a therapy session. It is possible the receipt may be sent automatically, without first asking if you wish to receive the receipt. We are unable to control this in many cases, and we may not be able to control which email address or phone number your receipt is sent to.

*So before using one of the above services to pay for your session(s), please think about these questions:*

- At which email address or phone numbers have I received these kinds of receipts before?
- Are any of those addresses or phone numbers provided by my employer or school? If so, the employer or school will most likely be able to view the receipts that are sent to you.

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- Are there any other parties with access to these addresses or phone numbers that should not be seeing these receipts? Would there be any danger if such a person discovered them?

In addition to these possible emails or text messages, payments made by credit card will appear on your credit card statement as being made to “Unfold LLC” or “Unfold Counseling LLC”. Please consider who might have access to your statements before making payments by credit card.

### **Health Savings Accounts and Flexible Spending Accounts**

If you are using a Health Savings Account (HSA) or Flexible Spending Account (FSA) payment card, please be aware that even if your payment goes through and is authorized at the time that we run your card, there is a possibility that your payment could later be denied. In the event of this happening, you are responsible for ensuring that full payment is made by other means.

### **Cancellation & Missed Session Policy**

Your session time is held specially for you, so if you need to cancel or reschedule a session, 24-hour’s notice is required. You will be charged a fee of \$40, unless you are able to reschedule within the same week (dependent on availability), for all missed sessions without reasonable cause (e.g., emergency, inclement weather, sudden illness). This fee will not, and cannot, be charged to your insurance; you are expected to pay this amount on or before your next scheduled appointment.

### **Electronic Records**

I use an electronic records management system to store, organize, and access client records. The program I use is Therasoft, which meets HIPAA security requirements. I also use other security measures, such as passwords and encryption methods, firewalls and antimalware to prevent unauthorized access to client information. With any other services I employ, such as electronic fax services or cloud-based services, I enter into a HIPAA Business Associates Agreement (BAA), which obligates the company, by federal law, to protect information from unauthorized use or disclosure, and to also engage in standards of practice that meet HIPAA requirements.

### **Regulatory Agency**

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The Board of Licensed Professional Counselor Examiners can be reached at:

**State of Colorado Department of Regulatory Agencies; Division of Professions and Occupations;  
State Board of Licensed Professional Counselor Examiners**  
Mental Health Licensing Section • 1560 Broadway, Suite #1350 • Denver CO 80202  
Phone: 303.894.7800

As to the regulatory requirements applicable to mental health professionals:

- Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master’s degree in their profession and have two years of post-masters supervision.

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#### 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 with me (if it can be determined), and my fee structure.
- 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 board that licenses, registers, or certifies the licensee, registrant, or certificate holder.
- Generally speaking, the information provided by and to a client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in Section 12-43-218 of the Colorado Revised Statutes (CRS) and the HIPAA Notice of Private Rights you were provided as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child abuse to authorities. Mental health professionals are also required to report situations where there is imminent danger to you, someone else by you, or a grave disability you might experience. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: <http://www.dora.state.co.us/mental-health/Statute.pdf>.
- If you have any questions or would like additional information, please feel free to ask.

**I have read the preceding information, and I understand my rights as a client or as the client's responsible party. Furthermore, by signing below, I agree to the therapeutic agreements as outlined, and agree that I voluntarily have applied for, and consent to treatment, in order to participate in counseling and the therapeutic process. I have also read and reviewed the HIPAA Notice of Privacy Practices.**

\*\* To sign and submit your forms electronically, type **/s/Your Name** in the signature field. *Example: /s/Jane Doe*

Client Name(s): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Responsible Party's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Responsible Party's Relationship to Client: \_\_\_\_\_

Therapist/Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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