

**Bright Horizons Counseling, LLC**  
**Rita Dykstra, LPC**  
**Licensed Professional Counselor**

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Welcome! Your decision to enter counseling is an opportunity to turn a crisis into a new understanding, and a roadblock into a bridge to the future. This description has been prepared to inform you about my training and credentials, as well as to outline my policies and clarify your rights as a client. Please read this form carefully. Please sign on the last 2 pages. You will need to print the form, scan and email it back to me. You may keep a copy for your records. Feel free to ask questions or discuss this information at any time.

I am a Licensed Professional Counselor in the state of Colorado. I have a Masters' Degree in Community Counseling with an emphasis in Marriage and Family Therapy from the University of Northern Colorado in Greeley, Colorado. I obtained that degree in May, 2003. I am a Nationally Certified Counselor with the National Board for Certified Counselors. I trained from 1998 – 2002 with the Rocky Mountain Psychotherapy Institute in Fort Collins, Colorado. I also trained in Practical Application of Intimate Relationship Skills (PAIRS) in 2001, Matrix Leadership Group Training in 2002 – 2003 and Matrix Facilitators Training (2007 – 2008). I facilitate various types of groups as needed. I am a Level II trained EMDR (Eye Movement Desensitization and Reprocessing), plus advanced training in "Mindfulness, Meditation, & EMDR. This type of therapy can be especially helpful for clients who have experienced trauma or desire to work with performance enhancement issues, addictions, chronic pain/illness or anxiety issues. I have also completed an extensive and specialized 3 year Developmental Attachment and Trauma training with Sensorimotor Psychotherapy Institute in Boulder, Colorado. This type of therapy along with EMDR includes and values your somatic experience as well as facilitates your increased personal awareness and somatic resource building. It is especially helpful for many traumatic relational issues.

I create a setting that is comfortable, safe, and respectful. In my work with you, I will collaborate with you as we explore your current stress and challenges and attempt to identify and reach your goals through our work together. I utilize a systems approach in working with families and couples. I use a Sensorimotor approach in working with individuals with trauma. This approach can use less "talk therapy" and it allows for more somatic awareness and physical movement. I often combine aspects of different approaches to meet your needs. I attempt to select what is valid or useful for you as my client.

**Currently, I am seeing my clients via Virtual Sessions. This offers you maximum flexibility for your sessions.**

**Clients 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. Please ask if you would like to receive this information.
- You can seek a second opinion from another therapist or terminate therapy at any time. As a part of your contract with me, I request that you have a formal closing session.
- 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 Department of Regulatory Agencies, Mental Health Section.

- Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed marriage and family therapist, is a licensed social worker, a licensed professional counselor, a licensed psychologist, or an unlicensed psychotherapist.

Information disclosed to a licensed professional counselor is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without consent of the person to whom the testimony sought relates.

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

**Generally, if you disclose to me that you intend to harm yourself or another, or report to me abuse of a child, I am mandated by the state of Colorado to report those things to proper authorities.**

#### **Fees:**

##### **Self-Pay**

My fee is \$140.00 per session. Sessions are 50 – 60 minutes. This fee is payable at the time of your session. My sessions are Virtual, so you may submit to me Credit Card information **during your session or by phone before your session** if you prefer.

#### **Insurance**

If you have insurance, and I am a Provider for your company, please provide a copy of your Insurance card, **both front and back. Please scan and include that card with your other Counseling Paperwork.**

As your Insurance copay or deductible amount is determined, I will charge your credit card or Health Savings Account card, on file, at the time of session for a copay, or, as I receive your Explanation of Benefits from your insurance company determining your responsibility for the session.

If I am not a provider for your insurance company, payment is required at the time of service.

**You are responsible for all charges of claims denied by your insurance.**

#### **EAP Employee Assistance Programs**

I am a Provider for some EAP Insurance companies. Please check with me to see if I am a provider for your EAP company. EAP sessions are 45 minutes in length. You are responsible to obtain, scan and email to me a copy of your authorization or certification number for your sessions as well as any phone number to that particular EAP office, number of sessions, or filing instructions. If your EAP company provides a form through the mail to me, please notify me.

#### **Cancellations:**

If you need to cancel a scheduled appointment, please contact me, at least 24 hours before your scheduled appointment. When I schedule your appointment, I set that time aside for you and protect that time. I ask that you do the same. If you do not keep your appointment, I cannot put anyone else in at that time. I often have a waiting list and want to be able to utilize available time. Therefore, I appreciate your respecting my time as I will yours when cancelling or rescheduling. I appreciate as much notice as you can provide beyond 24 hrs.

So, if you do miss an appointment or have a late cancellation, please be prepared to pay the charge of \$100.00 for the missed session or a session cancelled in less than 24 hrs. Insurance companies do not pay for missed or late-cancelled sessions.

#### **Emergency Cancellations**

If you have a true health emergency, **no** fee will be charged.

#### **Telehealth/Virtual Sessions Consent**

Virtual Sessions require transmission, via Internet or tele-communication device, of health information, which may include forms, intervention-related documents, bio-physiological data transmitted electronically, text messages or emails.

As with any Internet-based communication, I understand that there is a risk of security breach. Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

I hereby release and hold harmless Rita Dykstra, LPC from any loss of data or information due to technical failures associated with the telehealth service.

Signature \_\_\_\_\_

2<sup>nd</sup> Signature \_\_\_\_\_

I authorize the release of any information, (including treatment summaries and diagnosis for EAP Ins.) necessary to process my Insurance or Employee Assistance claims, or to request additional sessions. I authorize payment of benefits to be made to Rita Dykstra, LPC for services provided.

(Signature) \_\_\_\_\_

2<sup>nd</sup> Signature \_\_\_\_\_

Availability: I use a confidential answering machine (970-391-0200). I schedule all of my own appointments. I check my voicemail regularly Monday - Thursdays, and will respond to a message from you as soon as possible. I will advise you in advance if I will be traveling for an extended period of time and provide referral to another therapist.

In case of emergency, please contact Larimer Center for Mental Health at (970)-498-7610, call 911, or go to a hospital emergency facility nearest you.

I am regulated by The Colorado Department of Regulatory Agencies, which has the general responsibility of regulating licensed professional counselors. The specific agency is the State Grievance Board, 1560 Broadway, Ste, 1350, Denver, Colorado 80202. The phone number is (303) 894 7766.

I have read the preceding information and understand my rights as a client. I have received a copy of this Disclosure for my own records.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_