

Zach Verwey_{LLC} Counseling Services

Contact Information

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Counseling and Psychotherapy Services

Zach Verwey LLC is the business entity under which I, Zach Verwey, MA, LPC, NCC, offer counseling and psychotherapy services. As a mental healthcare provider, I believe psychotherapy is best described as an interactive and collaborative journey the client and therapist embark on together. With the goal of improved mental and emotional health, we will work together to identify your personal goals and desires, explore your questions and values, and gain deeper awareness and insight into your personal story. While our larger purpose is to take steps toward greater psychological health and wellness, counseling may involve such risks as uncomfortable emotions, confusion, and internal conflict. It is important that these be disclosed and processed during therapy so that we may continue journeying together toward your deeper healing. There is, unfortunately, no guarantee that psychotherapy will yield positive or intended results. Every therapeutic experience is unique and varies from person to person. By entering into this relationship, we agree together to make every effort to create a positive and healing experience for you as the client.

Zach Verwey, MA, LPC, NCC: Training and Licensure

I, Zach Verwey, MA, LPC, NCC, hold a Masters degree in Clinical Mental Health Counseling from a CACREP accredited program. I am a Licensed Professional Counselor in the State of Colorado (LPC.0013886) and a National Certified Counselor through the National Board of Certified Counselors. My clinical background includes training and experience in working with human sexuality, eating disorders, spirituality, and grief & loss, and I am Prepare/Enrich certified in working with couples. As a therapist, I believe deeply in the power of interpersonal and intrapersonal relationship work in the counseling process, and I offer a holistic and integrative approach that honors the mind, body, and spirit.

Mental Health Licensing Boards

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations, Colorado Department of Regulatory Agencies. The agency within the Department that has responsibility specifically for professional counselors is the **State Board of Licensed Professional Counselor Examiners**, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. The regulatory requirements applicable to mental health professionals are:

- Registered psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.
- Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.
- Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.
- Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements.

- Licensed Social Worker must hold a masters degree in social work.
- Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.
- **Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision.**
- A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.

Client Rights and Important Information

You are entitled to receive information about any of my methods of therapy, the techniques I use, the duration of your therapy (if it can be determined), and my fee structure. Please ask if you would like to receive this information.

1. Counseling is voluntary. You can seek a second opinion from another therapist or terminate therapy at any time.
2. In a professional therapeutic relationship, such as ours, sexual intimacy between a therapist and client is **never** appropriate and should be reported to DORA at (303) 894-2291, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202; State Board of Licensed Professional Counselor Examiners.

Because of the nature of therapy, furthermore, the therapeutic relationship has to be different from most other relationships. In order to protect the integrity of the counseling process, the therapeutic relationship must remain solely that of therapist and client. This means that we cannot have a social friendship, cannot have any type of business relationship other than the counseling relationship, cannot have any kind of romantic or sexual relationship, and cannot engage in a therapeutic relationship if we are relatives, friends, people known socially, or business contacts.

As such, I do not accept personal Facebook, LinkedIn, Twitter, Instagram, and/or other friend/connection/follow requests via any Social Media. Any such request will be denied in order to maintain professional boundaries. I do have a business social media account page, and although you may, there is no requirement that you “like” or “follow” this page. If you do choose to “like” or “follow” my business social media page, others will see your name associated with “liking” or “following” that page and any comments that you post as well. Please refrain from posting any comments regarding therapeutic work or discussing therapeutic questions – such comments will be deleted as soon as possible.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

3. 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 general rule of legal confidentiality. These exceptions are listed in the Colorado statutes, C.R.S. §12-43-218. You should be aware that provisions concerning disclosure of confidential communications does not apply to any delinquency or criminal proceedings, except as provided in C.R.S § 13-90107. There are additional exceptions that I will identify to you as the situations arise during treatment or in our professional relationship. For example, **I am required to report child abuse or neglect situations; I am required to report the abuse or exploitation of an at-risk adult or elder or the imminent risk of abuse or exploitation; if I determine that you are a danger to yourself or others, including those identifiable by their association with a specific location or entity, I am required to disclose such information to the appropriate authorities or to warn the party, location, or entity you have threatened; if you become gravely disabled, I am**

required to report this to the appropriate authorities. I may also disclose confidential information in the course of supervision or consultation in accordance with my policies and procedures, in the investigation of a complaint or civil suit filed against me, or if I am ordered by a court of competent jurisdiction to disclose such information. You should also be aware that if you should communicate any information involving a threat to yourself or to others, I may be required to take immediate action to protect you or others from harm. In addition, there may be other exceptions to confidentiality as provided by HIPAA regulations and other Federal and/or Colorado laws and regulations that may apply. If a legal exception arises during therapy, and 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>

Although confidentiality extends to communications by text, email, telephone, and/or other electronic means, furthermore, I cannot guarantee that those communications will be kept confidential and/or that a third-party may not access our communications. Even though I may utilize state of the art encryption methods, firewalls, and back-up systems to help secure our communication, there is risk that our electronic or telephone communications may be compromised, unsecured, and/or accessed by a third-party or that communications companies have unlimited access to information sent between devices that utilize these services.. There is also some level of risk that unencrypted correspondence will be accidentally delivered to a mistaken email address, phone number, or fax number. Please review and fill out Company's Consent for Communication of Protected Health Information by Unsecure Transmissions.

Privacy Policies

In addition to the legal confidentiality stated above, I understand that health information about you and your health care is personal, and I am committed to protecting health information about you. To conduct business operations for Zach Verwey LLC, I may keep and store client information electronically on my laptop computer, and/or mobile device. I may also use electronic backup systems such as external hard drives, thumb drives, or a cloud-based service for storing and backing up information, such as payment information and scheduled appointments. Because such backup methods are used, reasonable precautions will be taken to ensure the security and protection of this information, such as the use of firewalls, antivirus software, changing passwords regularly, and encryption methods to protect the computer and/or mobile device from unauthorized access. I can also remotely wipe out data on mobile devices if the mobile device is lost, stolen, or damaged.

I may also need to transport your information by moving these devices or your physical client file to and from my office locations. With the transport of these materials, there is a level of risk involved to your file or the device which contains your information, which includes loss of information due to technical corruption or failure, hacking via malicious software or unauthorized access, and loss of information due to theft, misplacement, or accidental destruction. I take these risks very seriously and value your confidential information and privacy as a priority. All information kept on electronic devices is password protected, and all physical files are stored in a locked location both at the office and elsewhere. Your information will never be transported carelessly or with unnecessary risk. By signing this form you are authorizing the transport of your files to and from the office as necessary.

Client Records

Any person who alleges that a mental professional has violated the licensing laws related to the maintenance of records of a client eighteen years of age or older, must file a complaint or other notice with the licensing board within seven years after the person discovered or reasonably should have discovered this. Pursuant to law, I will maintain records for a period of seven years commencing on the date of termination of services or on the date of last contact with you, whichever is later. If the client is a child, the records must be retained for a period of seven years commencing either upon the last day of

treatment or when the child reaches eighteen years of age, whichever comes later, but in no event shall records be kept or more than twelve years.

Consultation

To ensure the best possible care, I will at times consult with other professionals for advice and consultation. The information disclosed in our sessions may be discussed in the course of this consultation. Both myself and the other professionals involved in this consultation are required to follow the ethics of professional confidentiality, which means I will not disclose names or any identifying information in what is discussed with regard to our counseling. Only the minimum amount of information necessary to consult will be disclosed. If we decide your treatment requires communication and/or collaboration with other professionals or individuals, a separate Authorization for Release of Information for any discussion or disclosure of your protected health information must be signed.

Payment Policies and Forms of Payment

Clients are responsible for payment at the time services are rendered, unless you make arrangements for payment and we both agree to such an arrangement. Zach Verwey LLC accepts the following forms of payment: cash, check, and credit card (VISA, American Express, MasterCard, and Discover) and offers automatic credit card billing for your convenience.

Zach Verwey LLC requires consent from clients to communicate with you via unencrypted technological correspondence regarding your protected health information and billing information through Square's credit card processing services if you choose to pay by credit card. Technological correspondence may include emails, text messages, and cloud storage systems. If you do not consent to this correspondence, you will be required to use an alternate system of out of pocket payment.

Policy for Non-Payment

In the event billing efforts fail, delinquent accounts may be subject to collections. I will make every attempt to develop a payment plan with any client struggling to pay a past due balance prior to sending a balance to collections.

Financial Agreement

Rates for Service:

- \$120 per 50-minute session
- \$60 per 25-minutes session
- A sliding scale based on income may also be instituted in qualifying circumstances if there is an opening available in the limited number of sliding scale spots I offer. If we have made arrangements for you to pay for services based upon a sliding scale, we have agreed upon the rate of \$_____

If a report, letter, insurance reimbursement forms, or consultation with an outside party are requested, you will be billed for any time needed to prepare documentation, or to conduct an in-person or phone consultation. The standard service fee (detailed above) will apply. When there is a phone call in between sessions, you will not be charged for a phone conversation less than 10 minutes. For phone calls over 10 minutes however, you will be charged for the total time at the customary fee. At this time, I do not bill insurance, but can provide payment invoices if you choose to seek personal insurance reimbursement. If financial concerns arise, rates for service will be assessed at the discretion of the therapist.

I am **not** a Medicaid provider. If you have Medicaid coverage that includes mental health services, I am **not** able to offer mental health services to you.

Cancellation Policy

In the event you need to cancel an appointment, please provide a minimum of 24 hours notice of your scheduled appointment time. If sufficient notice of a cancellation is not provided, or no notice is given at all, you will be charged my standard rate for service, as agreed upon in this disclosure. **You are responsible for remembering your scheduled appointment time and date.**

Support and Emergency Services

There may be times when you feel a need to talk with me in-between sessions. You may call my non-confidential voice mail at (720) 334-7226 and leave a message or you may email me at zverweycounseling@gmail.com. Email is a good option when trying to contact me, as I check email throughout the day. However, I do not provide 24-hour phone or email coverage, nor am I paged when I receive a call. Therefore, I am usually not available on an emergency basis. 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 or go to a local emergency room for further assistance.

If it becomes apparent that you require more of an immediate response or additional support outside of therapy, I will work with you in developing an adequate support system or refer you to a therapist who is on 24-hour call. **In the meantime, if an emergency does arise or you find you cannot keep yourself safe, please call 911 immediately or go to a local emergency room,** and then if you are able, please call my voice mail at (720) 334-7226 and leave a message.

Telephone and Electronic Therapy

Psychotherapy is typically in the form of regularly scheduled, face-to-face, individual sessions. For that reason, I generally recommend office-based counseling. All initial contacts with new clients must be done face-to-face. It is within the discretion of your therapist to ultimately determine if the treatment modality of telephone or electronic therapy (via Skype, FaceTime, Zoom, etc) is appropriate for you. Your therapist must make a determination that the chosen modality will not cause potential harm to you. This means that throughout the therapeutic relationship, your therapist will continually assess when face-to-face contact is appropriate, when telephone or electronic contact is appropriate, and when telephone or electronic contact is not appropriate. As a general rule, telephone or electronic therapy will be used only under extenuating circumstances, and I do not offer this option as a substitute for face-to-face therapy for extended periods of time.

The client should recognize that there is some controversy regarding the use of telephone and electronic therapy. The use of telephone and electronic sessions is intended to allow for a provision of services in areas beyond geographic service areas if and when it is necessitated by client location. Several professional associations and licensing boards have issued cautionary statements. Concerns include: the therapist 1) may not be able to assess the client's affect or demeanor by electronic therapy, 2) may not be able to verify the identity of the client or determine if the client is a minor, 3) will need to assess how to address crisis intervention when necessary or how to cope with potential misunderstandings when the visual cues that would normally occur during face-to-face visits do not exist, 4) must develop procedures for alternative modes of communication in the event of technology failure, and 5) may not be able to assure confidentiality and cyber security.

Office Space

I share office space and rent expenses with other counselors but have no professional affiliation or association with them. We work solely independently of one another and are not, therefore, responsible for treatment provided by one another.

Termination

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source. Should you fail to schedule a follow up appointment with your clinician and sixty (60) days have passed, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued. You may be able to resume therapy after the aforementioned time period by discussing the decision with me, although the ability to resume therapy will depend upon my availability and will be within my sole discretion. This disclosure statement will remain in effect if one (1) year has not elapsed since your last session.

I HAVE READ AND UNDERSTAND (OR HAVE ASKED FOR CLARIFICATION OF) THE INFORMATION PRESENTED IN THIS FORM. The information has also been provided verbally, and I understand my rights as a client or as the client's responsible party. I understand, agree to, and give my consent for all elements of the preceding Disclosure Statement, Financial Agreement, Privacy Policy, and additional information provided directly above. I voluntarily consent to therapy, evaluation, treatment, and/or referral. I am aware that I may request a copy of this document for my records and that a copy will be provided to me.

My signature on this Disclosure Statement is free from pressure or influence from any person or entity.

Signature: _____

Date: _____