Mountain Pathways Counseling

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Disclosure Statement & Policies

Hi, I'm Kris Pierson, founder of Mountain Pathways Counseling. With years of experience, we specialize in guiding individuals, couples, and families toward meaningful growth and healing. Over time, we've helped many people navigate some of life's most challenging and overwhelming paths. Our approach is practical and relational, firmly rooted in systems theory, which ensures that you feel truly heard, deeply respected, and fully supported in a safe, judgment-free environment. Whether you're facing family conflicts, navigating relationship challenges, or working through personal struggles, we are here to provide guidance and walk alongside you with care and compassion every step of the way. At Mountain Pathways Counseling, we are committed to helping you build stronger connections, gain clarity, and discover new pathways to a healthier and more fulfilling life.

1. Welcome to Mountain Pathways Counseling ("MPC"). MPC can be reached at (720) 772-8341. The mental health provider at MPC is Kris Pierson, MFTC, LPCC, who has completed the following education and training:

Education: Bachelor of Arts Degree, Kinesiology, California Baptist University; 2020
Master of Arts Degree, Clinical Mental Health Counseling, Marriage and Family Therapy, Colorado Christian University; 2024
Licensure: Marriage and Family Therapist Candidate in the State of Colorado, License No. MFTC. 0014770
Licensed Professional Counselor Candidate in the State of Colorado, License No. LPCC.002285
Supervisors: Dr. Andrew Barber PhD LMFT, LPC, LAC, ACS, Kegan Mosier M.A. LPC

As a provisionally licensed clinician, I am under the clinical supervision of Dr. Andrew Barber and Kegan Mosier. For more information about their role, please see the confidentiality section of this disclosure statement.

2. This disclosure statement contains the policies and procedures of MPC and is HIPAA compliant. No medical or psychotherapeutic information, or any other information related to your privacy or the privacy of the child, will be revealed without your permission unless mandated by Colorado law and Federal regulations (42 C.F.R. Part 2 and Title 25, Article 4, Part 14 and Title 25, Article 1, Part 1, CRS and the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 142, 160, 162 and 164).

3. In Colorado, minors may consent to mental health services (Colo. Rev. Stat. § 12-245-216; Colo. Rev. Stat. § 12-245-203.5(2)(a)(I-II). If the client is a minor who may consent to mental health services, disclosure must be made to the minor. If the parent or legal guardian is consenting to mental health services, disclosure must be made to the minor's parent or legal guardian. In accordance with best practices, MPC

will encourage the participation of client's parents for youth under the age of 15. Additionally, MPC may notify the parent or legal guardian, without the minor client's consent, if in their professional opinion the minor is unable to manage their own care or treatment, or if the minor expresses any suicidal or homicidal ideation when appropriate.

For families experiencing divorce and/or complex custody situations, and with regard to Colorado Department of Regulatory Agencies' (DORA) position on parental consent, it is MPC's policy to secure the consent of both parents/legal guardians before beginning treatment. Critically, consent does not supersede any court order which outlines parental decision-making and custodial rights. This policy is irrespective of any court determination, and this is the governing policy unless the child's health, safety, and welfare could be at risk. If this is the case, please inform the MPC so that appropriate action for the protection and welfare of the child may be taken.

The Regulation of Mental Health Professionals in Colorado

1. DORA's Division of Professions and Occupations has the responsibility of regulating the practice of Mental Health Professionals, including Licensed Psychologists, Licensed Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Certified and Licensed Addiction Counselors, and Unlicensed Psychotherapists. The agency within DORA that specifically has responsibility is the Mental Health Section, 1560 Broadway, Suite #1350, Denver, CO 80202, (303) 894-2291 or (303) 894-7800; DORA_MentalHealthBoard@state.co.us. The State Board of Marriage and Family Therapist Examiners regulates Marriage and Family Therapist Candidates and can be reached at the address listed above. Clients are encouraged, but not required, to resolve any grievances through MPC's internal process.

2. Levels of Psychotherapy Regulation in Colorado include Licensing (requires minimum education, experience, and examination qualifications), Certification (requires minimum training, experience, and for certain levels, examination qualifications), and Unlicensed Psychotherapist (does not require minimum education, experience, or examination qualifications.) All levels of regulation require passing a jurisprudence take-home examination. With the exception of Unlicensed Psychotherapists, all mental health professionals are required to complete continuing education for the duration of their active licenses.

Certified Addiction Technicians must be a high school graduate, complete required training hours, pass the National Addiction Exam, Level I or equivalent, and complete 1,000 hours of supervised experience. Certified Addiction Specialists must have a bachelor's degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience. Licensed Addiction Counselors must have a clinical master's degree, pass the Master Addiction Counselor Exam, and complete 3,000 of supervised experience. Licensed Social Workers must hold a master's degree in social work. A 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. A Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's degree in his or her 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. An Unlicensed Psychotherapist is a psychotherapist listed in Colorado'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. Unlicensed Psychotherapists are required to take the jurisprudence exam.

Client Rights & Important Information

As a client at MPC, it is my commitment to you that all questions you may have about my process as a therapist be honored. You have a right to receive information from me about my methods of therapy, the techniques I use, my fee structure, and the duration of your therapy, if I can determine it. Please ask if you would like to receive this information or have any questions about services at MPC.

Fees:

1. MPC's fee structure, services, and policies are outlined as follows:

Service	Fees (per hour)
Individual Therapy	$150.00
Couples & Family Therapy Intake	$190.00
Couples & Family Therapy	$150.00
Intensives	$200.00
Administrative Requests	$150.00
Legal Fees (more information below)	$500.00

a. It is MPC's policy to collect all fees at the time of service, unless arrangements are made in agreement with your therapist. Further, I request that you fill out a "Credit Card Authorization" form to keep in your client file to ensure timely and accurate payments are made. Should your account not paid within thirty (30) days from the date of service, it will be considered past due. If your account is past due, please know that I will make every effort to communicate the past due status of your account directly to you. I may be obligated to turn past due accounts over to a collections agency or seek collection with a civil court action. By signing this disclosure statement, you understand and agree that I may seek payment for your unpaid bill(s) with the assistance of a collections agency and may involve the Courts. Should this occur, I will provide the collection agency or Court with your Name, Address, Phone Number, and any other directory information, including dates of service or any other information requested by the collection agency or Court deemed necessary to collect the past due account. In accordance with HIPAA, I will not disclose more information than necessary to collect the past due account. I will notify you of my intention to turn your account over to a collection agency or the Court by sending such notice to your last known address and/or electronic address.

b. All therapy fees are based on a 45-50 minute clinical hour instead of a 60 minute clock hour so that I may review my notes and assessments on your behalf.

c. Legal Services incurred on your behalf are charged at a higher rate including but not limited to: attorney fees I may incur in preparing for or complying with the requested legal services, testimony related matters like case research, report writing, travel, depositions, actual testimony, cross examination time, and courtroom waiting time.

d. As a client at MPC, you have the right to receive a "Good Faith Estimate" in writing explaining how much your psychotherapy services will cost. Under federal law, health care providers, including mental health providers, are required to give patients who do not have insurance or who are not using insurance an estimate of the bill for medical items and services. You may request a Good Faith Estimate in advance of an already scheduled psychotherapy session or at any point during your treatment.

Revocation Rights:
2. You, as a client, may revoke your consent to treatment or the release or disclosure of confidential information at any time. This revocation must be completed in writing and provided to your therapist.

Second Opinion and Termination:
3. You are entitled to seek a second opinion from another therapist or terminate therapy at any time.

Sexual Intimacy:
4. In a professional relationship such as psychotherapy, sexual intimacy between a Mental Health Provider and a client is **never** appropriate. If sexual intimacy occurs it should be reported to DORA at (303) 894-2291, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202; State Board of Marriage and Family Therapist Examiners.

Confidentiality:
5. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the psychotherapist is a Licensed Psychologist, Licensed Social Worker, Licensed Professional Counselor, Licensed Marriage and Family Therapist, Certified and Licensed Addiction Counselor, or an Unlicensed Psychotherapist. If the information is legally confidential, the psychotherapist cannot be forced to disclose the information without the client's consent or in any court of competent jurisdiction in the State of Colorado without the explicit permissions of the person to whom the testimony sought is regarding.

There are exceptions to this general rule of legal confidentiality. These exceptions are listed in the Colorado statutes, C.R.S. §12-245-220. 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. § 13-90-107. 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.

Additionally, although confidentiality extends to communications by text, email, telephone, and/or other electronic means, 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 a risk that our electronic or telephonic communications may be compromised, unsecured, and/or accessed by a third-party.

As a candidate for licensure, I am under the supervision of Dr. Andrew Barber and Kegan Mosier. As such my supervisors will be monitoring the therapy services I provide you. You may be introduced to my supervisor, if we deem it appropriate, and information you share with me may also be shared by me with my supervisor. As part of my supervision, my supervisor may review my case notes, clinical work, and/or request to observe your therapy sessions. Any requests to observe our therapy sessions, whether live or by video/audio recording, will require a separate consent to observe/record our sessions. My supervisor will adhere to all the same policies and procedures in this Disclosure Statement, including all provisions relating to confidentiality. Any disclosure of confidential and protected health information will require you to sign a separate Authorization for Release of Information. By signing this form, you consent to these policies.

Extreme Risk Protection Orders Policy:

6. According to C.R.S. § 13-14.5-103 a licensed health care professional or mental health professional (as defined in C.R.S. § 13-14.5-102) may file a petition for a temporary extreme risk protection order. Pursuant to article 14.5, an extreme risk protection order may warrant the surrender of firearm(s) when there is a significant risk of causing personal injury to self or others by having custody or control of a firearm(s). If at any time during the course of treatment the need to enact this policy arises, as the mental health professional, I shall make reasonable efforts to limit protected health information to the minimum necessary to accomplish the filing of the petition. The decision of a licensed health care professional or mental health professional to disclose protected health information, when made reasonably and in good faith to comply with this article, shall not be the basis for any civil, administrative, or criminal liability with respect to the licensed health care professional or licensed mental health professional.

“No Secrets” Policy:

7. When treating a couple or a family, the couple or family is considered to be the client. At times, it may be necessary to have a private session with an individual member of that couple or family. There may also be times when an individual member of the couple or family chooses to share information in a different manner that does not include other members of the couple or family (i.e. on a telephone call, via email, or via private conversation). In general, what is said in these individual conversations is considered confidential and will not be disclosed to any third party unless I am required to do so by law. However, in the event that you disclose information that is directly related to the treatment of the couple or family it may be necessary to share that information with the other members of the couple or the family in order to facilitate the therapeutic process. As your therapist, I will use my sole discretion and best judgment as to whether, when, and to what extent such disclosures will be made. If appropriate, I will first give the individual the opportunity to make the disclosure to the other party themselves. This “no secrets” policy is intended to allow me to continue to treat the couple or family by preventing, to the extent possible, a conflict of interest

to arise where an individual's interests may not be consistent with the interests of the couple or the family being treated. If you feel it necessary to talk about matters that you do not wish to have disclosed, you should consult with a separate therapist who can treat you individually.

"No Secrets" in Custody Circumstances Policy:
8. When treating a client who is a minor under the age of twelve (12) and where there exists a custody arrangement between the parents or legal guardians (such as a divorce or separation), it is my policy to communicate with both parents/guardians via email (i.e. all communication will "cc" both parties). This policy is necessary to maintain transparency and professionalism, and to ensure the well-being of the therapeutic relationship with the Minor Client. This policy does not supersede any court order outlining decision-making or custodial rights but is or may be required by DORA. Further, I reserve the right, in my sole discretion, to engage in any individual email communication or face-to-face interaction by communication means I deem to be appropriate given the situation. In the event that such an interaction occurs, I will notify the other party of said interaction and summarize the contents of the conversation, unless prohibited by professional rules or regulations regarding the protection of the health, safety, and welfare of the child/ren.

Extraordinary Events:
9. In the case that I become disabled, die, or am away on an extended leave of absence (hereinafter "extraordinary event,") the Mental Health Professional Designee identified below will have access to MPC's client files. Should I be unable to contact you prior to the extraordinary event occurring, the Mental Health Professional Designee will contact you. The purpose of the Mental Health Professional Designee is to continue your care and treatment with the least amount of disruption as possible. You are not required to use the Mental Health Professional Designee for therapy services, but the Mental Health Professional Designee can offer you referrals and transfer your client record, if requested.

NAME/CREDENTIALS:__Ashley Manley, M.A., MFTC_____
EMAIL: __Ashley@mountainpathwaysco.com _____
TEL: _____(720) 772-8341_____

If you are not comfortable with the listed Mental Health Professional Designee, please notify me and we will discuss possible alternatives at this time.

Maintenance of Client Records:
10. Client records include protected health information, identifying information, dates, and types of sessions, an assessment and diagnosis, a treatment plan, progress notes, and any consultations or collateral contacts made during the course of treatment. In accordance with the Rules and Regulations of the State Board of Marriage and Family Therapist Examiners, MPC will maintain your client record (consisting of disclosure statement, contact information, reasons for therapy, notes, etc.) for a period of seven (7) years after the termination of therapy or the date of our last contact, whichever is later. MPC cannot guarantee a copy of your Client Record will exist after this seven-year period.

Records Requests:
11. As a client, you may request a copy of your Client Record at any time. MPC asks that you submit all records requests in writing. Upon the request being received, MPC has 30 days to provide records to you. Your therapist may ask the purpose of your request and if it pertains to the secondary release to a third party. MPC encourages all clients considering the release of their client record to consult with their therapist about the risks associated with providing your Client Record to a Third-Party. In situations where you and your therapist determine most appropriate, your therapist will provide you with a summary of treatment,

rather than releasing the entirety of the Client Record, This effort is to ensure your privacy remains secure, and the content of your Client Record only released when absolutely necessary.

If the records request is being made by a third-party, including insurance companies, the request will only be fulfilled upon MPC receiving explicit permission from you, the client, to do so. Upon receiving the written request and explicit permission to record share, it is MPC's policy to offer a treatment summary first, then an in person/online review of session notes if requested. Private psychotherapy notes are kept separate and are further protected from unauthorized access. Psychotherapy notes are not made available for review.

Electronic Records:
12. MPC may keep and store client information electronically on MPC's computers, and/or some mobile devices. In order to maintain security and protect this information, MPC may employ the use of firewalls, antivirus software, changing passwords regularly, and encryption methods to protect computers and/or mobile devices from unauthorized access. MPC may also remotely wipe out data on mobile devices if the mobile device is lost, stolen, or damaged.

MPC may use electronic backup systems such as external hard drives, thumb drives, or similar methods. If such backup methods are used, reasonable precautions will be taken to ensure the security of this equipment and it will be locked up for storage. MPC uses a cloud-based service for storing or backing up information. The cloud-based backup system MPC uses is TherapyNotes and the email service provider MPC uses is Google Workspace. MPC may maintain the security of the electronically stored information through encryption and passwords. Additionally, MPC has entered into a HIPAA Business Associates Agreement with the cloud-based company and email service provider. Because of this Agreement, the cloud-based company and email service provider are obligated by federal law to protect the electronically stored information from unauthorized use or disclosure.

Availability and Response Policy:
13. My normal business hours are from Monday-Friday, 9:00am-6:00pm. However, as a therapist, the majority of my business hours are devoted to seeing my clients in therapy, which means I am not always available for immediate contact via phone, text, or email. **This is especially true for emergencies, as I am not equipped to respond immediately.** During my vacations or other absences from my practice, we will discuss your coverage needs and make appropriate arrangements to ensure there is minimal disruption to your care.

The best way to contact me is via phone or text message. Every effort will be made to respond to you in a clear and timely manner. Voicemails and texts will be returned within 24 hours, excluding Saturdays, Sundays, and holidays. Emails will be returned within 24 hours, excluding Saturdays, Sundays, and holidays. It is my policy to return all phone calls, texts, and emails during my normal business hours (referenced above). I also reserve the right, in my sole discretion, to return communication outside of these hours; but any communication which I initiate outside of these normal business hours is in no way a guarantee or a promise of ongoing availability outside of my normal business hours.

As a Client

There is no guarantee that psychotherapy will yield positive or intended results. Although every effort will be made to provide a positive and healing experience, every therapeutic experience is unique and varies from person to person. Results achieved in a therapeutic relationship with one person are not a guarantee of

similar results with all clients. You as a Client agree and understand the following:

Communications with my Therapist:
1. I understand that MPC may contact me to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to me in accordance with MPC's Consent for Communication of Protected Health Information by Unsecure Transmissions.

2. I understand that if I initiate communication via electronic means that I have not specifically consented to in MPC's Consent for Communication of Protected Health Information by Unsecure Transmissions, I will need to amend the consent form so that my therapist may communicate with me via this method.

Crisis Needs & After-Hours Care:
3. I understand that MPC and my therapist provides non-emergency therapeutic services **by scheduled appointment only.** If, for any reason, I cannot reach my therapist by the telephone number provided to me, and I am having a true emergency, I will call 911, call Colorado's Crisis Hotline (844) 493-8255, or check myself into the nearest hospital emergency room. I understand I may also use the 988 Suicide & Crisis Lifeline (call or text 988). MPC does not provide after-hours, or crisis related services. I understand that if I must seek after-hours treatment from any hospital, counseling agency or center, I will be solely responsible for any fees due. I understand that if I leave a voicemail for my therapist on the phone number provided, my therapist will respond in accordance with their availability and response policy, as referenced on page 6.

Professional Consultation:
4. I understand that there may be times when my therapist may need to consult with a colleague or another professional, such as an attorney or supervisor, about issues raised by me in therapy. My confidentiality is still protected during consultation by my therapist and the professional consulted. Only the minimum amount of information necessary to consult will be disclosed. Signing this disclosure statement gives my therapist permission to consult as needed to provide professional services to me as a client. I understand that I will need to sign a separate Authorization for Release of Information for any discussion or disclosure of my protected health information to another professional besides a colleague, supervisor or attorney retained by my therapist.

Scope of Practice:
5. I understand that my therapist has an ethical obligation to practice within their scope of knowledge, training, and expertise. If my therapist believes my therapeutic issues are above his or her level of competence or outside of his or her scope of practice, my therapist is legally required to refer, terminate, or consult. My therapist has the right to develop new areas of training and expertise, if working under direct clinical supervision or receiving training from a more experienced professional in this scope of practice.

Social Media:
6. I understand that my therapist, does 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 understand that MPC has, or may have, a business social media account page. I understand that there is no requirement that I "like" or "follow" this page. I understand that should I "like" or choose to "follow" MPC's business social media page that others will see my name associated with "liking" or "following" that page. I understand that this applies to any comments that I post on MPC's page as well. I understand that any comments I post regarding therapeutic work between my therapist and I will be deleted as soon as possible. I agree that I will refrain from discussing, commenting, and/or asking therapeutic questions via any social media platform. I agree that if I have a therapeutic comment and/or question that I will contact my therapist through the mode I consented to and **not** through social media.

7. I understand that if I have any questions regarding social media, review websites, or search engines in connection to my therapeutic relationship, I will immediately contact my therapist and address those questions.

8. I understand that Kris Pierson, MFTC, LPCC, is not a Medicaid provider. If I have or obtain primary Medicaid coverage that includes mental health services, Mr. Pierson is not able to offer mental health services to me. I understand that as a client at MPC, it is my duty to disclose, regardless of my age, whether I am a Medicaid beneficiary and therefore subject to Medicaid policies and procedures. If I have Medicaid as secondary coverage to my primary insurance carrier, Mr. Pierson may be able to offer mental health services to me.

Teletherapy:
9. I understand that MPC does provide Teletherapy, such as therapy over telephone or video platform. If both therapist and client agree to engage in Teletherapy as a treatment modality, I may be asked to complete an additional consent form, and that I agree to utilize a secure and HIPAA compliant means for communication to ensure confidentiality and the protection of private information.

Cancellation/No Shows:
10. I understand that my therapist intentionally reserves my session time just for me, and it is important to communicate any changes to my availability in advance. It is MPC's policy that any request I make to reschedule be made at least 24 hours before my appointment. I understand that if I cancel within 24 hours of my appointment or fail to show up for my scheduled appointment without notice ("no-show"), excluding emergency situations, my therapist has a right to charge my credit card on file, or my account, for the full amount of my session. Further, in the event I am unable to attend my session in person, upon mutual agreement between myself and my therapist, I may have the option to complete my appointment via teletherapy.

Termination of Services:
11. I understand that termination of services will usually be agreed upon mutually, but that I am free to terminate at any time. However, there are some circumstances that my therapist may decide to stop working with me even though I may wish to continue. These circumstances include failure to meet the terms of MPC's agreement, continued failure to comply with MPC's cancellation policy, a demonstrated need for special services outside of the scope of my therapist's competency, and prolonged failure to make progress in our work together. Should this occur, I understand the reason for termination will be discussed with my therapist, and you will be assisted in making alternative plans for yourself including a referral to an appropriate therapeutic resource.

I understand that if my therapist does not hear from me for more than sixty (60) days, my treatment at MPC will be terminated. Further, my ability to resume therapy after sixty (60) days will depend upon my therapist's availability and will be within their sole discretion. This disclosure statement will remain in effect should I resume therapy if one (1) year has not elapsed since my last session. However, I may be asked to provide additional information to update my client record.

12. Because of the nature of therapy, I understand that my 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 my therapist cannot be my friend, cannot have any type of business relationship with me other than the counseling relationship (i.e. cannot hire me, lend to or borrow from me; or trade or barter for services in exchange for counseling); cannot have any kind of romantic or sexual relationship with a former or current client, or any other people close to a client, and cannot hold the role of counselor to his relatives, friends, the relatives of friends, people

known socially, or business contacts.

Informed Consent:
13. I affirm, by signing this form, I am at least twelve (12) years old and consent to treatment and therapy services here at MPC.

14. In the event that I am the legal guardian and/or custodial parent with the legal right to consent to treatment for any minor child/ren who is under the age of twelve (12) and for whom I am requesting therapy services here at MPC, I understand it is MPC's policy to seek the consent of both parents/legal guardians. Further, in the event of a custody or divorce dispute, I and the therapist must obtain the consent from the other parent/legal guardian for my minor child/ren's treatment in accordance with DORA policy. If I am the non-custodial parent signing this consent form for my minor child/ren's treatment in accordance with DORA's policy, I understand that my access to my child/ren's treatment and client record may be limited by court order.

15. I understand that if I am consenting to treatment and therapy services for my minor child/ren that my therapist will request that I produce, in advance of commencing services with MPC, the Court Order Custody Agreement and/or Parenting Plan that grants me the authority to consent to mental health services for my minor child and make therapeutic decisions on behalf of my minor child/ren. I also understand that it is MPC's policy to request and seek consent from both my minor child/ren's parents, but that such consent does not supersede the Court Order Custody Agreement and/or Parenting Plan. By signing this form, I understand and consent to MPC's "No Secrets" in Custody Circumstances Policy as outlined above. Further, I understand and agree to keep my therapist informed of any proceedings or supplemental court orders that affect my parenting rights, custody arrangements, and decision-making authority. I understand that failing to provide the Court Order Custody Agreement and/or Parenting Plan will prohibit my therapist from providing therapy to my minor child/ren. I understand that it is beyond the scope of my therapist's practice to provide custody recommendations. Any request for custody recommendations will be denied. A Court is able to appoint professionals with the expertise to make such recommendations.

16. By signing this form, I affirm that I am fully informed of the therapy services I am requesting, and that MPC is providing, and grant my consent to receive such therapy services.

My signature below affirms that the preceding information has been provided to me in writing by my primary therapist, or if I am unable to read or have no written language, an oral explanation accompanied the written copy. I understand my rights as a client/patient and should I have any questions, I will ask my therapist.

Signatures

_____ _____
Client Name/Signature DATE

_____ _____
Parent/Legal Guardian Signature (Please specify Relationship to Client) DATE

_____ _____

Parent/Legal Guardian Signature (Please specify Relationship to Client) DATE

_____ _____

Kris Pierson, MFTC, LPCC, Signature DATE