

THErapy DISCLOSURE STATEMENT NOTICE OF SERVICES, POLICIES & PRACTICES

Welcome,

Thank you for considering On Point's services. In order to help you make an informed decision, please review this statement in its entirety and sign it in the space provided. If you have any questions or concerns, we would be pleased to discuss them with you.

Educational Attainment

- **Certified Light Therapist.** Quantum Academy: **2016**
- **Certified Brainspotting Levels I, II, III & Masters Training:** International Brainspotting **2012, 2014 & 2015**
- **Masters of Social Work Degree: *Advanced Generalist*:** Colorado State University **2013**
- **Certified Mediator:** Colorado State University **2013**
- **Bachelors of Arts Degree Human Performance and Wellness: *Exercise Science***-Colorado Mesa University **2005**

Professional Affiliations

- **Concussion Legacy Foundation Ambassador 2016-current**
- **Rocky Mountain Brainspotting Institute 2015-current**
- **National Association of Social Workers 2014-current**
- **International Brainspotting 2012-current**
- **Gamma Beta Phi National Collegiate Honor Society**
CSU Department of Food Science and Human Nutrition **2012-current**
- **Phi Alpha National Collegiate Honor Society Chapter: Theta Pi**
CSU School of Social Work **2011-current**

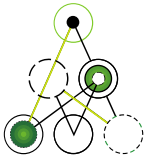
Psychotherapies Utilized

- Cognitive Behavior Therapy
- Interpersonal Therapy
- Psychoanalytic Therapy
- Dialectal Behavior Therapy
- Brainspotting

Licenses

Colorado-Licensed Clinical Social Worker (License # CSW 09925343) status are persons in the field of psychotherapy regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The Board of Social Work can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As a Licensed Clinical Social Worker I am listed in the State's database and I am authorized by law to practice psychotherapy in Colorado. As to the regulatory requirements applicable to mental health professionals:

- ✓ *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. The board of Licensed Professional Counselors Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894.7800.*



- ✓ *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. The board of Licensed Marriage and Family Therapy Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80302, (303) 894.7800.*
- ✓ *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. The Board of Certified Addictions Counselor III (CAC III) can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80302, (303) 894.7800.*
- ✓ *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 bachelors degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.*
- ✓ *Licensed Addition Counselor must have a clinical masters 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.*

Colorado-Confidentiality

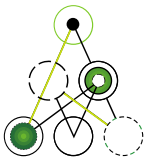
Generally Speaking the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes and the HIPAA Notice of Primacy Rights you were provided as well as other exceptions in Colorado and Federal law. 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.colorado.gov/professions/registeredpsychotherapists>.

For example, some of the exceptions would include: suspected child abuse, molestation or incest, a client is in danger of hurting self or others, danger of violence, suspected abuse of the elderly or others unable to care for themselves, suspected threat to national security, subpoenaed testimony in criminal court cases, orders to violate privilege by judges in child custody and divorce cases. When treating couples or families, confidentiality among family members is not a guarantee.

There may be times when I need to consult with a colleague or another professional about issues raised by clients in therapy. Client confidentiality is still protected during consultation by me and the professional consulted. Signing this disclosure statement gives me permission to consult as needed to provide professional services to you as a client.

Washington-Licensed Independent Clinical Social Worker Associate (License # SC6067184) under supervision in the State of Washington. I am listed in the State of Washington database and I am authorized by law to practice



psychotherapy in the State of Washington as a Licensed Independent Clinical Social Worker Associate and I am required to have a Masters degree in Social Work. As to the regulatory requirements applicable to mental health professionals:

- ✓ *Licensed Independent Clinical Social Worker Associates in the State of Washington must hold a Masters degree in their profession and must be participating in at a minimum of 3 years of post-masters supervision under an approved and supervisory trained Licensed Independent Clinical Social Worker.*

Washington-Confidentiality

All information discussed with In-Sight is strictly confidential in nature and shall be used solely by In-Sight professionals. This information will not be disclosed or released without written permission of the client, and will be done in a manner consistent with In-Sight information handling procedures. If an In-Sight professional believes there is a physical threat to a client or someone named by a client, state and federal law require disclosure of that information. In compliance with Washington State law (RCW 18.225.105), information shall only be disclosed under the following circumstances:

- (1) With the written authorization of that person or, in the case of death or disability, the person's personal representative
- (2) As required under chapter 26.44 or 74.34 RCW or RCW 71.05.250; or [abuse/neglect, harm to self/others]
- (3) To any individual if the person licensed under this chapter reasonably believes that disclosure will avoid or minimize an imminent danger to the health or safety of the individual or any other individual; however, there is no obligation on the part of the provider to so disclose.
- (4) If the person waives the privilege by bringing charges against the person licensed under this chapter;
- (5) In response to a subpoena from the Secretary of Health. The secretary may subpoena only records related to a complaint or report under RCW 18.130.050

Fees and Payment Policies

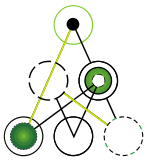
Individual psychotherapeutic sessions are \$150/60 minute session. Individual Performance Neuro Training sessions are \$150/60 minute session. Phone calls or text communications over 5 minutes will be pro-rated (\$15.00/5 minutes) and will be billed to the client. Additional documentation required by the client will also carry a service fee (\$100/60 minutes) according to the time required by On Point to produce the document and will be billed to the client. On Point does not voluntarily participate in any legal proceedings. There is a fee of \$200/60 minutes of preparation/participation in any legal proceedings. Travel costs must also be covered, should our clinician be required to attend proceedings. Payments are due online prior to each session; exceptions to this will only be permitted following specific arrangements agreed upon between the client and provider. 24 hours notice is required to cancel a session without full service charge. We do not bill medical insurance for services.

Client Rights & Responsibility

Effective psychotherapy requires active participation, honesty, and a commitment to engaging with your thoughts/feelings/behaviors. A trusting relationship between client and therapist is essential to the therapeutic process. Clients have the right to choose a practitioner and treatment modality that best suits their needs. Each client has the right to refuse treatment, at any time. In addition, they have Each client has a legal right to obtain list of, or copy, the acts of unprofessional conduct listed under RCW 18.130.180. This document can be requested from the following address:

Health Professions Quality Assurance Customer Service Center PO Box 47865 Olympia, WA 98504

Email: hpqa.csc@doh.wa.gov Phone: (360) 236-4700 Fax: (360) 236-4818



Acknowledgement

I have read the proceeding information, it has been provided verbally, and I understand my rights as a client or as the client's responsible party. Therefore, I understand this therapy disclosure statement and its content. I also acknowledge receiving a copy of this statement. I have been provided with a fee agreement stating the agreed cost of therapy and or mediation sessions and agree to the terms listed above and agree to pay for services rendered regarding payment.

Client Name (Printed):

_____ **Date:** _____

***Responsible Party Name (Printed):**

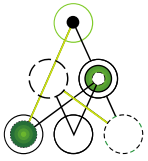
_____ **Date:** _____

**Relationship to client & Authority to Consent:*

Client Signature:

_____ **Date:** _____

*(*Responsible party if client is a minor)*



CLIENT INTAKE FORM

(Last)

(First)

(Middle Initial)

Name of Client parent/guardian (if under 18 years):

(Last)

(First)

(Middle Initial)

Birth Date: ____ / ____ / ____ Age: ____

Sex/Gender: Male Female Transgender

Marital Status:

Never Married Domestic Partnership Married Separated Divorced Widowed

Home Phone: ()

Cell Phone: ()

Physical Address:

(City)

(State)

(Zip)

Mailing Address (if different from physical):

(City)

(State)

(Zip)

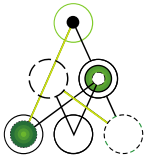
Referred by (if any):

Are you currently taking any prescription medication?

Yes

No

Please list: _____



GENERAL HEALTH AND MENTAL HEALTH INFORMATION

How would you rate your current physical health? (please circle)

1 2 3 4 5 6 7 8 9 10

Please list any specific health problems you are currently experiencing:

How would you rate your current sleeping habits? (please circle)

1 2 3 4 5 6 7 8 9 10

Are you experiencing a significant loss or grief?

- No
- Yes

If yes, when did you begin experiencing this? _____

Are you experiencing anxiety, panic attacks or have any phobias?

- No
- Yes

If yes, how often? Daily Weekly Monthly

For approximately how long? _____

Are you currently experiencing any chronic or frequent pain?

- No
- Yes

If yes, please describe? _____

Do you drink alcohol?

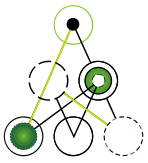
- No
- Yes

If yes, how often? Daily Weekly Monthly

Do you engage in recreational drug use (Marijuana in any form)?

- No
- Yes

If yes, how often? Daily Weekly Monthly



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All of the information provided on this form as well as any information shared during the therapeutic process/session(s) will remain completely private and confidential. The information on this form and or any other information will only be released upon a written request from the client as consented from the client.

Client Name (Printed):

_____ **Date:** _____

***Responsible Party Name (Printed):**

_____ **Date:** _____

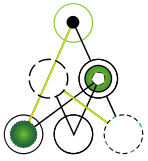
**Relationship to client & Authority to Consent:*

Client Signature:

_____ **Date:** _____

*(*Responsible party if client is a minor)*

Thank you for sharing!



THERAPIST ADMINISTERED ASSESMENT

Sport you compete in:

Sports Injuries MAJOR & MINOR including not limited to: strains, sprains, tendonitis, shin splints, broken/bruised bones, stress fractures, torn ligaments, torn tendons, torn joint capsules, ANYTHING requiring surgeries or physical therapy)

AGES 3-10

AGES 11-18

AGES 19-26

AGES 27-34

AGES 35-42

Concussion(s) Mechanism of Injury and Major (LOC) or Minor (NO LOC)

AGES <5 _____ **AGES 5-10** _____

AGES 11-16 _____

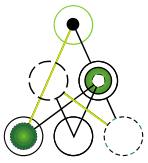
AGES 17-22 _____

AGES 23-28 _____

AGES 29+ _____

What are your identified goals related to Sports Performance

1) _____



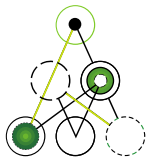
2)

3

SPORTS PERFORMANCE & LIFE TRAUMAS LIST

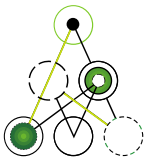
To begin your Brainspotting session I will ask you to disclose if you have had any of these circumstances/"Trigger Events" at ANY point in YOUR Sports Career:

- Poor performance, or perceived "poor" performance by the athlete?
- Conflicts with coaches or teammates?
- An illness, resulting in a loss of playing time or surgery?
- Significant Changes in Game Schedules or Practice Schedules, Travel or are Currently having to Move?
- Lack of playing time?
- Family and or relationship issues?
- Changes in importance of sport, expectations by self, role of sport in life?
- Violence — being assaulted, a victim of domestic violence, automobile accidents, or merely witnessing a personal injury or assault on a family member, friend or teammate?
- Challenges with Adapting to a professional athlete lifestyle?
- Death of a loved one or close friend?
- Alcohol or drug abuse?
- Significant dieting or weight loss?



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- History of physical or sexual abuse?



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Teleconference Session Information

What you will need for the session-

- Computer or iPad with audio and video capabilities
- Phone with downloadable music capabilities
- Head phones
- An eye patch (the kind you purchase from the drug store)

So you will need the Bilateral sound to listen to through headphones on your iPhone or phone.. There are a couple of ways of obtaining the bilateral sound track.

- <http://www.bspuk.co.uk/bspuk-free-music-downloads/>

Also the iTunes has Dr. David Grand's Bilateral sounds and I have clients download and pay for just the one song "seas of change" or "oceanic feelings" It's ocean sounds

Also there are a few options in deciding what form of teleconferencing you want to use.

There's Zoom conferencing

Can be used on an iPad (there's an app) and a computer

<https://zoom.us/pricing>

Create a free account using the same email you provided for me to contact you because once you tell me you have downloaded the free account I will send you an email request for the meeting. You will accept the request and it will be listed under your meetings on your account. When it is time for the meeting you simply go into your account and click on your meetings and say join meeting.

There's Facetime

Can be used on an iPad and Mac book

My iPad is linked to my cell number-
970.875.4591

There's Skype

Can be used on an iPad (there's an app), or computer.

My skype handle is-
paigee.roberts2