



Wendy K. Berger, MA, LPC

Transformational Counseling and NET for Adults and Children

CONFLUENCE WELLNESS CENTER, PC

1776 South Jackson St., Ste. 418, Denver, CO 80210 • 303-394-4204 • www.confluencewellness.com

Thank you for choosing to begin psychotherapy with me. This is an opportunity to acquaint you with information relevant to treatment, confidentiality and office policies. I will be happy to answer any questions you may have with regard to these policies.

Counseling Services Provided

I am a licensed professional counselor (License number 5142) with over fifteen years of experience providing therapy services in a variety of settings including an elementary school, a community clinic and private practice. I earned my masters degree in Agency Counseling from the University of Northern Colorado and graduated in 2001.

I provide mainly individual counseling for adults and children although I often provide combined sessions for spouses or parents with children for a more holistic therapeutic approach. A large part of my practice is helping individuals realize the pearls that can be created by working through the initial conflicts that inspired them to seek treatment. In addition to my training in psychotherapy, I have training in the Neuro Emotional Technique (2001) which allows me to uncover and treat the deeper and often long lasting effects of early trauma. This technique is combined with acupuncture to heal those early traumatic experiences.

Approach to Counseling

I view counseling as a collaborative experience and a safe place where self-discovery, learning and healing can all take place. To that end I use an eclectic approach combining NET (Neuro Emotional Technique), relaxation and meditation techniques, art therapy and cognitive behavioral techniques to help you reach your counseling goals in the shortest, most effective way possible.

In our work together, I recognize that you are actually the expert about you and I welcome your feedback as to what works for you as well as what doesn't so that we may co-create an optimal healing program for you.

Education

Bachelors of Arts degree in Psychology from University of Colorado Denver, CO

Masters Degree in Agency Counseling from University of Northern Colorado, Greeley, CO

Internship Maria Droste Services and McKinley-Thatcher Elementary School, Denver, CO

2000 hours of post masters supervised practice

Neuro Emotional Technique training, Los Angeles, CA

Regulations

You are entitled to receive information from me about the methods of therapy, the techniques used, the duration of therapy, if known, and the fees for my services. You can seek a second opinion from another therapist or terminate therapy at any time.

In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers or certifies the licensee, registrant or certificate holder.

The practice of licensed professional counseling 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, CO 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals: a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision.

Confidentiality

As a professional therapist, I abide by the laws and ethical principles that govern client privilege and confidentiality. I will not disclose to anyone anything that you tell me, not even the fact that you were seen by me, without your specific permission using a Release of Information Form. In the interest of safety, state and federal laws list the following exceptions to the standards of confidentiality:

- 1. It is legally *required* that I act to prevent physical harm to you or others when there is a “clear and imminent” danger of that happening. I will do whatever is necessary to preserve life including, but not limited to, seeking medical care or requesting police assistance.**
- 2. I am *required* to report cases of abuse of a child, elderly or disabled person.**
- 3. If you are requesting for me to file insurance forms for reimbursement, I may be required to release clinical information regarding your treatment including a diagnosis and evidence of treatment to your insurance carriers as required for payment or review of your claim.**
- 4. I may have to release records when ordered by a court order. A court order is not just a subpoena, but an order from a judge. *If you anticipate being involved in legal proceedings please inform me when we begin counseling so that I may explain how this may impact your confidentiality.***
- 5. In a medical emergency**
- 6. If you are diagnosed with HIV and are not under a doctor’s care, I must report the identities of your IVdrug using or sexual partners.**

Fees

My fees for services are \$125.00 per hour. I am happy to bill your insurance for reimbursement although I am unable to track down or follow-up on any issues to that reimbursement so that will remain your responsibility.

If you need to cancel a session for any reason please give me at least 24 hours notice. I do charge for any session cancelled with less than 24 hours notice.

I prorate phone counseling sessions. Many times a short phone call between scheduled sessions can actually facilitate your therapy, so I encourage you to call if you need support. My cell phone number is 303-919-0477. You may also text me with requests for phone support.

Other than requests for phone support, I reserve my cell phone texts for appointment confirmations only. You may leave confidential voice mail messages and I will return your phone call as soon as possible.

In general, I prefer face to face or direct conversations, by phone, whenever possible.

Emergencies

If you have an emergency, feel free to call my cell phone and leave me a message and then call 911 or go to your nearest emergency room. I will contact you as soon as possible.

I have read the preceding information, it has also been provided verbally and I understand my rights as a client or as the client's responsible party.

Print Client's name

Client or responsible party's signature

Date

If signed by Responsible Party, please state your relationship to the client and your authority to consent:
