

Spiral Center for Transformative Practices

Laura Wade Jaster, M.A., N.C.C., e.R.Y.T. CHT
5700 W 25th Ave Edgewater 80214
(720) 334-7124

1. Professional Disclosure Statement:

- a. I hold a Bachelor of Arts degree in Humanities from Fort Lewis College, 1997. I received my Master of Arts degree in Counseling at Regis University in 2010.
 - b. I am an experienced Registered Yoga Instructor (e..R.Y.T.). (2001-Present)
 - c. I have intensive training in the Hakomi Method of Experiential Psychotherapy (2007-2009). I am also Certified (2016). It uses a somatic and mindfulness-based approach and is experiential and depth oriented.
 - d. I have additional training as a Reiki Master and Shamanic Practitioner. (2018)
2. As such, I am a Registered Psychotherapist, Certified Hakomi Therapist and Nationally Certified Counselor.

You have the right to:

- a. 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 more information.
 - b. You can seek a second opinion from another therapist or terminate therapy with me at any time. If we work together, I would like to have a termination session when we are complete.
 - c. My full fee is \$135 per session, \$190 for 90 minutes. Sometimes sliding scale is available, and fees can be renegotiated if your income changes. Occasional phone or email interactions 5 minutes or less are not charged; beyond 10 minutes I will charge at my rate per minute. Your fee: _____
 - d. Please allow for at least 24-48 hours' notice of cancellation; I reserve the right to require payment unless the reason for canceling is due to circumstances beyond your control.
3. The information a client exchanges with a therapist is considered ethically confidential. This information is also legally confidential and cannot be disclosed without the client's consent. There are exceptions to this confidentiality. I am lawfully required to report any indication of child or elder abuse. Additionally, if I am concerned that you may try to harm yourself or another person, or if you are

unable to care for yourself, I must break confidentiality in order to protect your life and the lives of others.

4. The information provided by and to a client during therapy sessions is legally confidential, with a few exceptions, which are listed in the Colorado statutes (C.R.S. 12-43-218). Information disclosed is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates. You should be aware that provisions concerning disclosure of confidential communications 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 if necessary.
5. Physical contact may be used as part of several therapeutic techniques in my work. I will always ask your permission, which may be withdrawn at any time. The touch is offered only at therapeutically appropriate times and will never be sexual in nature. In a professional relationship such as ours, sexual intimacy between a client and a therapist is never appropriate. Should this grievance occur, you should report it to the Department of Regulatory Agencies, Mental Health Section. I am required to abide by the Hakomi Institute Code of Ethics. Please see www.hakomiinstitute.org for more information.
7. I cannot provide emergency care. In case of emergency, please call 911 or go to the nearest emergency room.
8. The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, licensed or certified addiction counselors, and unlicensed individuals who practice psychotherapy. The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7766.

Please feel free to ask any questions about anything which you do not understand.

I have read the preceding information and understand my rights as a client.

Client: _____ Date: _____

My Therapist has verbally discussed this form in my presence.

(Initial) _____

Therapist: _____ Date: _____