

# A.V.O.S. COUNSELING CENTER AND TRAINING INSTITUTE

## DISCLOSURE, TREATMENT AND FEE AGREEMENT

Clinician Name: Kristen McGeehon, MA, LPCC

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Degrees, Credentials, Licenses: M.A. International Disaster Psychology, LPCC

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Business Address: 8795 Ralston Rd. Suite 200A. Arvada, CO. 80002

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Business Phone: (865) 898-0490

Kristen McGeehon graduated with honors from the University of Denver with a degree in International Disaster Psychology. She is actively working toward her license to practice psychotherapy in the state of Colorado. She is registered with the Department of Regulatory Agencies as a Psychotherapist No. NLC.0107845 and her temporary license number is LPCC.0016030

Her direct clinical supervisor is Erica Bonham, LPC, License number 0011279  
A.V.O.S. Counseling Center and Training Institute  
8795 Ralston Rd. suite 200A  
(303) 880-7793

My approach to the therapy process is rooted in a values-based, integrative approach that recognizes each individual's unique culture and various systems within the process and outcome of therapy. My education and clinical experiences have given me the opportunity to grasp a unique perspective on what trauma does to an individual, and how symptoms have the ability of manifesting into all aspects of a person's life. I believe that all humans are capable of resilience, and I gently encourage clients to tap into their most powerful, resilient selves while simultaneously holding the space for emotions around past experiences. I am passionate about working alongside clients as they journey toward a self-sustaining and fulfilling life, despite their impactful experiences of trauma. I draw from both traditional and non-traditional models to make the therapy process as meaningful and individualized as possible. I approach my work with each client from a place of honor, curiosity, and empathy. Through this collaborative process, I aim to create a safe, empathic environment in which we can explore the change process and seek out solutions that are going to work for you.

My counseling specialties include working with trauma survivors. I have experience working with those who've experienced domestic violence, sexual abuse, addiction & recovery, and war crimes. I also have experience working with refugees and those from different cultural backgrounds. Additionally, I have experience and interest in working with individuals who may be experiencing symptoms of depression, anxiety, grief and loss, personality disorders, addiction disorders, and post-traumatic stress disorders.

If, for any reason, you feel that my approach is not a good fit for you, please let me know and I can collaborate with you to find a more appropriate counselor. You should feel empowered, safe, comfortable and informed with your counselor and I am honored to be a part of your process in any way that I can.

The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Department of Regulatory Agencies, Mental Health Section. Questions and complaints may be addressed to:

**Department of Regulatory Agencies, Mental Health Section**  
1560 Broadway, Room 1350  
Denver, Colorado 80202  
(303) 894-7800

- \* You are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure.
- \* You may seek a second opinion from another therapist or may terminate therapy at any time.
- \* In a professional relationship, sexual intimacy is never appropriate and is illegal in Colorado. It should be reported to the Department Of Regulatory Agencies, Mental Health Section.
- \* The information provided by you during therapy is legally confidential except as required by law.
- \* If you participate in group therapy, it is necessary for you to agree to protect and respect the privacy of other group members. You need to agree not to share personal information, including the names of other group members, with people outside of the group. You may expect other group members to show the same respect for your confidentiality.

### **Confidentiality:**

I understand that my records and information will be held in confidence according to the policy of the Network as defined by the Division of Mental Health pursuant to Colorado Revised Statutes (CRS 27-10-101 et.seq. & Standard CF.1 et.seq.) and the Division of Alcohol and Drug Abuse pursuant to code of Federal Regulations (42 C.F.R. Part 2). Everything that we talk about in counseling is confidential and private. There are exceptions to the rule of confidentiality that require me to break confidentiality. These exceptions include a "threat of serious harm to yourself or others" as in the case of child abuse, elder abuse, suicide, grave disability, or serious

plans to harm or kill someone else. If, for any reason, I am under a court order; or in response to any legal action taken by you against this agency, I will also be required to break confidentiality.

**Destruction of Records:**

I understand that the clinical records from this treatment episode may be destroyed if no further treatment is rendered within ten years of the date of termination of this episode (or ten years from the date client reaches age eighteen, if client is a minor).

**As a client, you have the following rights:**

- You have the right to revoke this consent at any time.
- To receive treatment only if you or your legal guardian gives permission in writing.
- To be treated with respect and recognition of your need for dignity.
- To receive services based on your individual needs, in a setting which supports your individual freedoms.
- To actively participate with your provider in creating a plan for your care. To include other people you think would be helpful to you in creating your care plan.
- To confidentiality, and to expect that none of the information about your treatment will be given to anyone without your permission except as required by law.
- To request a change in the person or persons providing your care.
- To refuse treatment unless you are court ordered to receive services and to be informed of the consequence of your refusal.
- To have your family members involved in your care, at your request. To be represented by your guardian in the case that you are unable to full participate in your treatment decisions.
- To inspect your records, or have them shown to anyone designated by you in writing. If you are denied access to records, to know why and how to appeal.
- To receive written notification and request a second opinion if you disagree with your provider’s decision to reduce or discontinue your services, or deny you inpatient services.
- To receive written information about BHI’s services, providers and clinical guidelines.
- To not be discriminated against due to race or ethnicity, sex, age, disability, sexual orientation, gender identity, genetic information, source of payment or any other reason.
- To be informed of the rights in a way you understand.
- To complain about my services at any time without retaliation.
- To receive assistance from a consumer representative in making a complaint and to receive copies of the complaint/grievance procedure.

**Treatment Agreement:**

I have voluntarily requested services from AVOS Counseling and agree to pay fees on time and at every session. If I cannot make my appointment, I will give 24 hours advanced notice, or I will be responsible for the full cost of the session. If it is an emergency, I will let Kristen McGeehon know as soon as possible. I understand that the fee for the session are due at the time of service.

**I fully understand that I have the right and opportunity to file a complaint if I choose to do so. Further, I fully understand that by exercising that right and proceeding with filing a complaint, that any and all information contained in the complaint, in any related written documents or in oral communications, or revealed in any follow-up investigations, may be shared without any limitation or restriction with staff of Behavioral Healthcare, Inc. (BHI) and with staff of Division of Mental Health of the State of Colorado (DMH), for purposes of BHI and State reporting, monitoring, and quality improvement activities. All information contained in the complaint, related written documents, oral communications, or follow-up will remain confidential with BHI and DMH, and will not be shared with other parties without the written consent of the consumer or complainant.**

**I have been informed of my counselor's degrees, credentials and licenses. I have also read and received a copy of the information on both sides of this page. I understand my rights as a client. I hereby acknowledge that I have been provided a copy of the Notice of Privacy Rights.**

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Client Name (please print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Clinician's Signature

Date