

**Clinical Contract & Declaration of Practices and Procedures**

**Teresa M. Christensen**, Ph.D., LPC, NCC, RPT-S  
Licensed Professional Counselor - Board Approved Supervisor  
Registered Play Therapist-Supervisor

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**Qualifications**

*Ph.D. Counselor Education and Counseling*, May 1999,  
Idaho State University, Pocatello, ID  
Specialization Areas: Play Therapy, School Counseling,  
Group Work, & Clinical Supervision

*M.Coun. (Master of Counseling)*, May 1996,  
Idaho State University, Pocatello, ID  
Major: Mental Health Counseling

*B.A. (Bachelor of Arts)* May 1993,  
Adams State College, Alamosa, CO  
Double Major: Psychology & Sociology

**License**

Licensed Professional Counselor (LPC #5073), State of Colorado, Department of Regulatory Agencies, Denver, CO 80220 Issued – September 9, 2009 - Current.

Licensed Professional Counselor (LPC # 0701004019)– Commonwealth of Virginia, Department of Health Professionals, 6603 West Broad St., 5<sup>th</sup> Floor, Richmond, VA, 23230-1712, (804)662-9912, [www.dhp.virginia.gov/counseling](http://www.dhp.virginia.gov/counseling)., Issued - August 10, 2006- June 2010.

Licensed Professional Counselor - Board Approved Supervisor (LPC # S 2262), State of Louisiana Licensed Professional Counselors Board of Examiners, 8631 Summa Ave., Suite A, Baton Rouge, LA, 70809, (225) 765-2515, Issued - September 17, 1999.

Licensed Professional Counselor - Private Practice (*LPC-P #329*), Idaho Bureau of Occupational Licenses, Owyhee Plaza, 1109 Main St., Suite 220, Boise, ID (208) 334-3233, May 1998.

**National Certifications**

National Certified Counselor (*NCC # 45102*), National Board for Certified Counselors, 3 Terrace Way, Suite D, Greensboro, NC 27403-3660, (910) 547-0607, Issued May 1996.

Registered Play Therapist - *Supervisor (RPT-S # S 600)*, Association for Play Therapy, 2100 N

Winery Ave., Suite 104, Fresno, CA 93703 (209) 252-2278, Issued April, 2001.

Registered Play Therapist - *Supervisor (RPT-S # S 600)*, Association for Play Therapy, 2100 N Winery Ave., Suite 104, Fresno, CA 93703 (209) 252-2278, Issued April, 2001.

Play Therapy Continuing Education Provider (#07-197), Association for Play Therapy, 2100 N Winery Ave., Suite 104, Fresno, CA 93703 (209) 252-2278 - April, 2007-April 2010.

### **Counseling Relationship**

I provide services for clients in a variety of settings who are willing to enter into a collaborative relationship in which we work toward accomplishing shared goals related to clients' needs. This relationship is focused on assisting clients through individual, family, and group work as they develop an understanding of personal problems and define specific goals. From my perspective, one of the major goals of counseling is to help clients broaden their perspectives, see things through different lenses, construct new realities, reframe their situations, and plan actions reflecting their interests, abilities, aptitudes, and needs. Clients' needs may be related to personal, social, educational, occupational, and career objectives.

I believe that counselors encourage clients' self-exploration, self-awareness, and general expression of emotions, thoughts, and behaviors. Essentially, a counseling relationship between a counselor and client is a professional relationship in which the Professional Counselor assists the client in exploring and resolving difficult life issues. I believe that as clients experience new perspectives and learn to reframe their problems, they tend to gain self-awareness and recognize their strengths. As clients' self-awareness, acceptance, and congruence grow, they are more capable of finding happiness, peace, and contentment in their lives. Counselors and clients work collaboratively in devising, integrating, implementing, assessing, and revising plans that offer reasonable promise of success and are consistent with clients' abilities and circumstances.

Self-awareness, self-acceptance, and other more specific counseling goals sometimes take a long time to achieve. While some clients may need only a few counseling sessions to feel congruent and complete, others may require months or even years of counseling. Clients are in complete control and may end the counseling relationship at any point and I will be supportive of that decision. If counseling is successful, clients should feel that they are able to face life's challenges in the future without my support or intervention.

### **Areas of Expertise**

I possess expertise in child, adolescent, and family counseling, play therapy, group work, and clinical supervision. In particular, much of my training and clinical experience has focused on issues surrounding play therapy, childhood abuse and trauma, divorce, grief and loss, and group and family systems counseling. In general, I believe that families (children, guardians, extended relatives and friends) are usually an important aspect in the lives of most clients. Therefore, I will

remain aware of this and enlist family understanding and involvement as a positive resource, when appropriate with clients who seek my counsel on an individual, group, or family basis.

### **Fee Scale**

The initial intake interview/session will last approximately 1 ½ hour and will cost a onetime cost of \$150. All other sessions will be billed as follows. In return for a fee of \$ 130 per session, I agree to provide family counseling; \$110 per session for individual counseling; and \$50 per hour per group member for group counseling services. The payment of the fee may be adjusted based on family income. This will be discussed prior to or in the initial session. **An hourly fee will be charged for appointments canceled with less than twenty-four (24) hours notice.** If I do not receive such advance notice, clients will be responsible for paying for the session they missed prior to scheduling another appointment with me. Any fees uncollected at the end of services may be turned over to a collection agency.

### **PayPal Account**

Clients have the option to pay via credit card using our paypal account. Due to the fact that PayPal assesses Christensen Counseling, LLC a fee (currently 2.9% of the amount of the transaction) for each transaction, clients who wish to pay via PayPal, must include this fee with their payment. Fees will be calculated for each transaction on bills. To access this payment option either go to our website or [www.paypal.com](http://www.paypal.com) and use 303-803-4340 or [tmchristensen@me.com](mailto:tmchristensen@me.com) to login to the Christensen Counseling, LLC account.

### **Insurance Policy**

I am currently a provider for several different insurance companies. It is your responsibility to secure a physician's referral or pre-authorization for my services, should your insurance company require. When applicable, insurances will be billed directly by my claims personnel. If clients wish to seek reimbursement for my services from their mental health insurance company for which I am not a provider, I will be happy to complete any necessary forms related to insurance reimbursement provided by clients or the insurance company for an hourly fee of \$50. Clients will be responsible for paying for each session prior to my potential authorization by the insurance company, so any reimbursement from such appointments should be sent directly to clients. Please do not assign any payments to me until I receive written notification that I have been approved as a mental health provider by your insurance company.

Most health insurance companies will reimburse clients for my counseling services, but some will not. Those that do reimburse usually require that a standard amount be paid by clients before reimbursement is allowed and usually only a percentage of my fee is reimbursable. Clients should contact a company representative to determine whether their insurance company will reimburse them and what schedule of reimbursement is used.

Health insurance companies usually require that I diagnose a mental condition and indicate that clients have an illness before they will agree to reimburse for counseling sessions. In the event a diagnosis is required, I will inform clients of the diagnosis I plan to render before I submit it to the health insurance company.

**Explanation of Services Offered and Clients Served**

Humanistic/Existential, Reality Therapy/Choice Theory, and Family Systems based theories are most congruent with my personal beliefs about human beings, the counseling process, and my role as a counselor. These theoretical orientations provide me with an amount of freedom to select interventions and skills that seem most appropriate given the specific client, environment, and circumstance. When working with children and adolescents, I also tend to utilize various cognitive/behavioral, systemic, and expressive techniques, including play, art, sand, drama, bibliotherapy, and role plays. When useful and appropriate, I may offer group counseling with all populations. I also incorporate family counseling and parent education when applicable.

Although counseling sessions will be very intimate, it is important for clients to realize that counseling is a professional, rather than personal, relationship. Contact will be limited to the paid session clients have with me. Please avoid inviting me to social gatherings, offering gifts, or asking me to relate to you in any way outside counseling sessions. Clients will be best served if their relationship stays strictly professional and if counseling sessions concentrate exclusively on clients' concerns. Clients will learn a great deal about me as we work together during the counseling experience. However, it is important for clients to remember that they are experiencing me only in my professional role.

**Emergency Situations**

In general, I am accessible and can be reached by phone, email, or fax. However, I do not provide 24-hour emergency services. In the event that clients feel their mental health requires emergency attention or if they have an emotional crisis, they should contact 911, or report directly to the emergency room of a local hospital and request mental health services.

**Privileged Communication**

Information shared and material revealed in the counseling session will remain strictly confidential with the exception of information and material related to insurance reimbursement. Confidentiality will be broken, in accordance with state law, if the following circumstances arise: 1) You, the client, sign a written release of information indicating informed consent of such a release, 2) You, the client, expresses intent to harm oneself or someone else, 3) There is a reasonable suspicion of abuse/neglect of a minor child, elder person (65 or older), or a dependent adult, and/or 4) A verified subpoena or other court order is received directing the disclosure of information.

**Code of Conduct**

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I am required by state law to adhere to a Code of Conduct for my practice which is determined by the Colorado Department of Regulatory Agencies (DORA), the American Counseling Association, and the Association for Play Therapy. It is impossible to guarantee any specific results regarding clients' personal counseling goals. However, I assure that my services will be rendered in a professional manner consistent with accepted ethical standards.

### **Counselor Responsibilities**

In the initial phases and throughout the process of counseling (as necessary), I agree to :

1) Disclose to clients purposes, goals, techniques, procedures, limitations, potential risks and benefits of services to be performed, and any other pertinent information.

2) Take steps to ensure that clients understand the implications of diagnosis, intended use of tests and reports, and fees and billing arrangements.

3) Offer freedom of choice whether to enter into a counseling relationship and to determine which professional (s) will provide counseling. Restrictions would include those clients who exhibit danger to self or others, as determined by their counselor, other mental health professionals, and law enforcement personnel.

4) If a client is seeing another mental health professional, I will inform, consult, and receive permission from the first therapist before I begin work with the client. I will attain written consent from a client prior to this action.

5) Be aware of the intimacy and responsibility inherent in the counseling relationship, maintain respect for clients uniqueness and beliefs, avoid actions that seek to meet my personal needs at the expense of clients. This includes my awareness of my own values, attitudes, beliefs, and behaviors, and my awareness of how these aspects apply in the diverse society. I will avoid imposing my values on clients.

6) Avoid dual relationships that could impair professional judgment or increase the risk of harm to clients. I shall not accept clients with whom they have administrative, supervisory, or evaluative relationships.

7) Avoid any type of sexual intimacies with clients and shall not counsel persons with whom I have had a sexual relationship. Avoid sexual intimacies with former clients within a minimum of two years after terminating the counseling relationship.

8) Clarify at outset of counseling which person or persons are clients and the nature of the relationship I will have with each involved person, when providing counseling services to two or more persons who have a relationship (intimate partners, family members, etc.).

9) Screen prospective group counseling/therapy participants and take reasonable precautions to protect clients from physical or psychological trauma.

10) I Shall not abandon or neglect clients in counseling and shall make appropriate arrangements for the continuation of treatment, when necessary. If I determine that I am unable to be of professional assistant to clients, I will suggest more than one appropriate referral source.

11) When using computer technology, I shall ensure that: (a) clients are intellectually, emotionally, and physically capable of using computer applications; (b) the computer application is appropriate for clients' needs and there is equal access to computer applications in counseling

services; (c) clients understand the purpose, operation, limitations, and risks of computer applications; and (d) follow-up is provided to correct possible misconceptions, discover inappropriate use, and assess subsequent needs.

### **Court Appearances**

Court appearances will be billed at the regular hourly rate of *\$110 per hour*, unless special circumstances apply and are pre-arranged in advance of the court date. When such court appearances are required, counselors have the permission to consult with legal advice concerning any and all testimony.

### **Client Responsibilities**

Clients are expected to follow office procedures for keeping appointments, pay for services at the time of each visit, and terminating the counseling relationship with the current counselor before attaining services from another mental health professional, including me. When involved in another ongoing professional mental health relationship, clients must notify me as soon as possible as this violates my ethical and legal statutes and I'll need to terminate services immediately.

### **Physical Health**

I highly recommend that all clients complete a physical examination if they have not had one within the past year. Here clients must list any and all medications they are currently taking:  
Medications:

### **Potential Counseling Risks**

As a result of mental health counseling, clients may realize they have additional issues which may not have surfaced prior to the onset of the counseling relationship. When working with families and groups, I cannot predict what issues others will discuss, whether they will adhere to contracts of confidentiality, or how they may respond to the counseling process. Accordingly, I am not responsible for unforeseeable risks related to family and group counseling. I will reinforce contracts of confidentiality and take every measure to prevent and address potential risks related to the counseling relationship.

In the event clients are dissatisfied with my services for any reason, please let me know. To file a complaint about a Licensee such as myself, you may contact:

1) The Colorado Department of Regulatory Agencies.

### **Length of Counseling**

Counseling sessions will last for approximately 50 minutes. Many clients seek counseling for between 2 to 6 months, while others seek counseling for an extended period of time. A probable number of sessions will be discussed after the completion of the first three sessions. Clients are expected to be on time, as sessions must begin and end promptly for maximum benefit.

I have read and understand the aforementioned information.

Client's Name: \_\_\_\_\_ Legal Guardians' Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Client's DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Level of Education: \_\_\_\_\_

Occupation & Work Place: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Minor Seeking Counseling**

Individuals under the age of 18 must have consent from a parent or legal guardian prior to the initiation of the counseling relationship. The parent/legal guardian must complete the following section on or before the initial counseling session.

I, \_\_\_\_\_, authorize Dr. Teresa Christensen, Ph.D., NCC, LPC, RPT-S to  
Parent/Legal Guardian=s Signature

conduct counseling with \_\_\_\_\_ . I am \_\_\_\_\_ to the minor and  
Minor's Name Relationship to Minor

verify that I have legal guardianship of this person. By signing this, I attest that I have read and understand everything in this document.