

# momentum

## mental health

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Welcome to Momentum Mental Health!

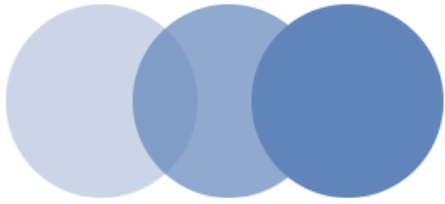
We are honored for the opportunity to work together with you in your pursuit of mental health and healing. Our desire at Momentum Mental Health is to provide you with the highest quality of care, integrity and encouragement. We want to give you some up-front information, client rights and set some clear guidelines for our counseling relationship.

At Momentum Mental Health, all individual, child, adolescent, couple, family and group counseling happens with a focus on transformation and hope. We believe that effective changes through counseling come from dealing with the whole person - mentally, emotionally, spiritually and physically.

We are here to serve you. Momentum Mental Health is committed to your safety and rights as a client. Our *disclosure and consent form* offers details of this information to maximize your counseling experience, effectiveness and counseling relationship. Please complete the *disclosure and consent form* and appropriate new client forms you will find on our [New Client Forms](#) page. To make the most of our time together, please bring all forms completed to your first appointment.

Don't hesitate to contact us if you have any questions. Voicemail messages will be returned as promptly as possible. Momentum Mental Health is not a 24 hour counseling center. In an emergency, please call 911 or go to your nearest Emergency Room.

Thank you. It is a pleasure to serve you.



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### DISCLOSURE AND CONSENT FORM

#### Practice Information:

Robin Darbonne, MA, LPC, NBCC  
Momentum Mental Health, LLC  
Degrees: BA, Psychology, CSU Fresno; MA, Counseling, Denver Seminary  
Licensure: Licensed Professional Counselor (LPC), State of Colorado  
Certifications: NCE, National Board of Certified Counselors; CBT; PREPARE/Enrich Premarital and Marital Instruments

#### Degrees, Licensing and Experience

I am a Licensed Professional Counselor (LPC) by the State of Colorado and hold a Master's Degree in Counseling. During my career I have counseled in private practice and group counseling settings, actively working with children, adolescents, and adults on an individual, couple, family and group counseling basis. It is important for you to know that my practice and my professional behavior are overseen by the Colorado Department of Regulatory Agencies, 1560 Broadway, Suite 1350, Denver, CO 80202. They can be reached at (303) 894-7800. I am a member of the American Association of Christian Counselors (AACC), the American Counseling Association (ACA) and am a preferred therapist with Psychology Today. I am certified by the NCE, National Board of Certified Counselors and am also trained and certified in PREPARE/Enrich premarital and marital inventories. In addition to being governed by the Mental Health Code of Colorado, I am also governed by the separate and additional ethical codes of these associations.

**Regulatory Requirements for Mental Health Professionals** in compliance with § 12-43-214(1)(b)(I), C.R.S includes the following:

- A 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.
- A Certified Addiction Counselor I (CAC I) must be a high school graduate or equivalent, complete required training hours and 1,000 hours of supervised experience.
- A Certified Addiction Counselor II (CAC II) must be a high school graduate or equivalent, complete the CAC I requirements, and obtain additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam.
- A Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete CAC II requirements, and complete additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam.
- A Licensed Addiction Counselor must have a clinical master's degree, meet the CAC III requirements, and pass a national exam.
- A Licensed Social Worker must hold a master's degree from a graduate school of social work and pass an examination in social work.

- A Licensed Clinical Social Worker must hold a master's or doctorate degree from a graduate school of social work, practiced as a social worker for at least two years, and pass an examination in social work.
- A 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.
- A Licensed Marriage and Family Therapist must hold a master's or doctoral degree in marriage and family counseling, have at least two years post-master's or one year post-doctoral practice, and pass an exam in marriage and family therapy.
- A Licensed Professional Counselor must hold a master's or doctoral degree in professional counseling, have at least two years post-master's or one year postdoctoral practice, and pass an exam in in professional counseling.
- A Licensed Psychologist must hold a doctorate degree in psychology, have one year of post-doctoral supervision, and pass an examination in psychology.

### **Therapeutic Goals**

Progress in counseling is expected, however specific outcomes are not guaranteed. The goal of counseling is to confront and work through issues over time toward resolution. The process of counseling can involve emotional pain and side effects, which can lead to an experience of symptoms getting worse before they get better. You the client are always in control of and free to make decisions regarding your care, including seeking a second opinion, referral or choosing to terminate the counseling relationship.

### **Treatment Methods, Length and Referrals**

Momentum Mental Health is committed to provide quality, time-effective clinical counseling in a safe and respectful environment designed for your progress. I provide a positive approach focused on transformation and hope. My role is to help you identify particular personal, relationship and/or situational issues and to apply your particular strengths and resources toward healing and resolution. I emphasize relationship dynamics while employing a variety of counseling methods including Person-Centered Therapy, Crisis and Trauma-Focused Therapy, Cognitive-Behavioral Therapy, Emotionally-Focused Therapy, Solution-Focused Therapy, Expressive Therapies, Play Therapy, Art Therapy, Family Systems Therapy and Faith-based counseling. We will work together to determine the length of treatment to best meet your unique needs and circumstances, while striving to reach your goals in a time-effective manner. Group sessions meet a predetermined number of times, most often six to ten. At times, a referral to another counselor or helping professional is necessary. Contact information for referrals will be provided to you. While Momentum Mental Health is an independent counseling practice, we are grateful for the available excellent in-office resources of Summit Family Medicine to assist in comprehensive wellness. You, the client are responsible for contacting and evaluating those referrals and/or alternatives.

### **Confidentiality and Safety**

Momentum Mental Health is committed to always providing a safe counseling experience. Generally speaking, the information provided by and to you the client during therapy sessions is legally confidential and cannot be released without your consent. Colorado State law provides some exceptions to this confidentiality, which include:

- (1) a determination that you, the client, are a danger to yourself or someone else;
- (2) you the client disclose abuse, harm or neglect of a child, elderly or disabled person;
- (3) you the client disclose a suspected threat to national security;
- (4) you the client request and authorize the release of records; and
- (5) your counselor is required by court order to disclose treatment information.

Beyond these legal exceptions, client records are confidential and protected by Momentum Mental Health. Records will only be shared with client's permission and also at the professional discretion of Momentum Mental Health when deemed in the best interest of the client.

If, by chance, we should see one another outside of the counseling office, I will protect your privacy and the confidentiality of our professional relationship by not initiating interaction. I will gladly reciprocate appropriately if you initiate contact in this situation. I, the counselor, am not responsible for any breach of confidentiality through your interaction with others, including an insurance company or payment method (including check or credit card statements).

All forms of electronic communication (e.g. e-mail, texting, etc.) are primarily used for scheduling, brief response or therapeutic support. If a client chooses to send personal information by way of electronic communication, the security of that information is the client's responsibility. Momentum Mental Health uses a secure server, and if necessary will use an encrypted form of transfer for confidential records. Once communication is transferred to the client's server, the security of that information becomes the client's responsibility. Additionally, it is the client's responsibility to discern what information is sent electronically. Client acknowledges that electronic communication is by nature more vulnerable to human and technological error, and assumes this risk. Occasionally, extended texting may be appropriate for therapeutic client support. This is at the client's discretion. In some cases, online counseling may be permitted. Please note that e-mail correspondence for this purpose is used only for appropriate situations and must meet ethical codes. Although every precaution will be taken, electronic communication may not be completely confidential. Electronic response time is typically 12-48 hours. At any point, if the counseling conflicts with ethical standards, Momentum Mental Health reserves the right to discontinue services. If you are in crisis, feel unsafe, or are actively suicidal, please attempt to contact me, and then call your local emergency room, hotline, or 911.

I realize that although every precaution will be taken, the above means of communication may not be completely confidential and I authorize the following request(s): (Please initial: \_\_\_\_\_)

Client's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Check those that apply:

- I give consent for client to be contacted at the phone numbers provided.
- I give consent for the client to be texted on mobile device.
- I give consent for voice mail to be left if necessary.
- I give consent to be contacted and/or to receive e-mail at: \_\_\_\_\_
- I give consent to receive FAX information/forms if necessary. Fax Number: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

It is important for you to know that sexual intimacy is never appropriate in a professional relationship and is considered an abuse of the client/counselor relationship. All incidents of sexual intimacy with a professional counselor should be reported to the Colorado State Board of Professional Counselors by you, the client.

### **Supervision and Consultation**

To best serve you and/or your counselor, sessions may be notated and/or recorded. All legal and ethical requirements by the State of Colorado are maintained in consultation relationships to protect your confidentiality.

### **Emergencies**

You, the client can contact me using my private confidential voicemail at (720) 445-5992 during my office hours. In the case of an emergency, crisis or trauma, you are encouraged to attempt to contact me. If you are not able to reach me, you should call 911 or go to the nearest Emergency Room. You, the client are responsible to get the assistance you need in times of crisis or emergency. While unusual, there may be times where I will be out of town for personal or professional reasons, or unavailable due to illness or other unexpected circumstances. In these instances, a reasonable attempt to contact you will be made to communicate the circumstances and, where possible and appropriate, to reschedule your session. The name(s) and number(s) of another helping professional may be provided as needed.

**Payment Policy**

Momentum Mental Health sees clients on a fee-for-service basis. Counseling sessions will be 50 minutes at the cost of \$125. (FOR GROUPS ONLY: \_\_\_\_\_ sessions for a total of \_\_\_\_\_). Any other arrangements must be made in advance. *Payment is due in full at the beginning of each session*, and payment for all group sessions is due at the first meeting. Payments can be made by cash, check or credit card (MasterCard, Visa, American Express or Discover). A \$25 administrative fee will be charged on all checks returned for non-sufficient funds. Payments may be made in advance online through our website: [www.momentummentalhealth.com](http://www.momentummentalhealth.com). Insurance may reimburse all or part of the counseling fees. I do not file insurance claims; however, documentation is provided by request should you choose to file with your insurance.

**Cancellations**

Your commitment to your scheduled appointments is essential for your success and wellness through counseling. In the event that you are unable to keep an appointment, notification is expected *at least 24 hours* in advance. Exceptions are made for emergencies. Services are by appointment only and are scheduled weeks in advance. As this time is reserved exclusively for you, it is my policy to charge for missed appointments and appointments not cancelled at least 24 hours in advance.\* If you are unable to keep a scheduled appointment, please notify me at (720) 445-5992. If I do not receive such advanced notice, you will be responsible for paying for the missed session plus a fee of \$25.00, for a total of \$150. For appointments scheduled on Mondays, cancellation is necessary by Friday at the scheduled hour. *\*In the case of an emergency, special consideration* may be given regarding the cancellation policy. Please initial \_\_\_\_\_ and complete required information below.

I, \_\_\_\_\_, understand and agree that if I do not show up for my scheduled appointment or if I cancel my scheduled appointment with less than 24 hours notice, the above named credit card will be charged in the amount of \$150.00.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

**By your signature below, you indicate that you have read and understood the information contained in this document, and any questions about this statement were answered to your satisfaction. You are also testifying that you are willingly entering into a counseling relationship with Robin Darbonne, M.A., LPC. I, Robin Darbonne, testify to the accuracy of the statements in this document and acknowledge my commitment to conform to their specifications.**

\_\_\_\_\_  
Client's Name (Please Print)

\_\_\_\_\_  
Signature of Client/Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Legal Representative (if not client)

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date