

Treatment Disclosure

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1. My degrees, credentials, certifications and licenses

Trained in Splanchna Therapy, Level I and II & Masters Level	2011
Board Certified Coach	2011
Masters in Counseling Education from the University of North Texas	1988
Licensed Professional Counselor in the State of Colorado #2122	1999
Certified Clinical Nutritionist	1991

2. Client Rights and Important Information:

- a. You are entitled to receive information from me about my methods of treatment, the techniques I use, the duration of your treatment (if I can determine it), and my fee structure. We will generally discuss these issues prior to your decision to work with me, if further questions arise, feel free to ask me at any time.
- b. You can seek a second opinion from another (helping or healing professional) or terminate therapy at any time.
- c. Treatment may involve Applied Kinesiology which includes minimal physical contact during sessions. In a professional relationship (such as ours), crossing boundaries into sexual intimacy between a therapist and a client is never appropriate and will never be a part of this therapeutic relationship.
- d. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential. As with all helping professionals I am legally obligated to report to authorities if you indicate during our session work that you may hurt yourself or another, especially a minor. If there is the need for information between another provider, you would have to sign a consent form to exchange the information.

3. I understand that the practitioner I am seeing is not a medical physician and is not a substitute for regular medical, diagnostic or treatment procedures.

4. I understand that any nutrition recommendations pertains to the whole body concept of nutrition as an aid to the overall health of the body and not as applied to a specific condition.

5. If you have any questions or would like general information, feel free to ask.

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

Client/Patient Signature: _____ Date: _____

Therapist: _____ Date: _____