

Cynthia Ropek, M.A.

*Licensed Professional Counselor
545 Collyer Street
Longmont, CO 80501
720_933-0661*

In accordance with Colorado state law, Licensed Professional Counselors are required to present the following information to clients and potential clients:

MY CREDENTIALS and PRACTICE:

Colorado Licensed Professional Counselor #1873 - Feb. 1998
M.A. in Transpersonal Counseling and Psychology, The Naropa Institute, 1994
Level II EMDR Certified, Advanced training in Brainspotting, Level I Certified PACT therapist
My practice is independent of all other practices at this address.

YOUR RIGHTS AS A CLIENT

You are entitled to receive information at any time regarding my psychotherapeutic methods and techniques, expected duration of treatment, if known, and fee structure. You may seek a second opinion or terminate therapy at any time.

The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Department of Regulatory Agencies, Division of Registrations. Any questions, concerns, or complaints regarding the practice of mental health may be directed to: Department of Regulatory Agencies, Division of Registrations
1560 Broadway, Suite 1350
Denver, Colorado 80202
303-894-7800

Dual roles, exploitation, and sexual intimacy are never appropriate in a professional relationship with any mental health practitioner and should be reported to the Office of Professional Regulations.

CONFIDENTIALITY

Generally speaking, the information provided to a licensed professional counselor is legally confidential and cannot be released without your consent.

The following are exceptions to confidentiality:

1. Information about any evidence of child or elder abuse or neglect must be reported to proper authorities.
2. Information about intended harm to self or others must be reported to authorities and to the person who may be harmed.
3. Court-ordered testimony or records.

FEES AND CANCELLATIONS

My fee per therapy hour (50 min) is \$125. Should we agree that a longer session is needed (couples, family, emergency individual sessions), the fee is prorated accordingly to session duration.

Unless other arrangements have been made, you are responsible for full payment at the time of each session. Payment may be made by personal check, cash, or credit card.

I take limited insurances. Please refer to your provider health care list to confirm my participation with your insurance plan and talk with me in advance about your wish to use insurance. If you have out-of-network benefits, I will provide you with a statement to enable you to bill the insurance company for reimbursement.

