



☎ (719) 581-7200

✉ info@RenewedLifeLLC.com

🌐 www.RenewedLifeLLC.com

---

*This form is called an Informed Consent for Services (the "**Consent**"). Renewed Life Counseling (the "**Provider**") has asked you to read and sign this Consent before you start therapy with Spencer Owen (the "**Therapist**"). Please review the information. If you have any questions, contact your Provider.*

## **Process of Therapy**

Therapy is a collaborative process where you and your Provider will work together on equal footing to achieve goals that you define. This means that you will follow a clearly-outlined process supported by scientific evidence, where you and your Provider have specific rights and responsibilities. The number and length of sessions needed depends on many factors and will be discussed by the Therapist and consented to by you during the intake and/or treatment planning process. Therapy generally shows positive outcomes for individuals who follow the process; it is important you understand as much about the process before deciding to commit.

## **Therapist**

A therapist is a licensed professional with extensive training, engaged in providing mental health care services to clients directly. You should expect the Therapist to discuss with you the various aspects of psychotherapy. This includes a discussion of any assessment or evaluation, any diagnosis, as well as the method of treatment. The nature of treatment will be described, including its extent, its possible side effects, and possible alternative forms of treatment. For further information on your Therapist's specific credentials and training, refer to the Disclosure statement signed at intake

## **Relationship**

Better outcomes are often associated with a good relationship between a client and their Provider. Your relationship with the Therapist is a professional relationship, governed by ethical and legal codes of conduct. In order to preserve this relationship, it is imperative that the Therapist not have any other (ie, non-professional) type of relationship with you. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. Your Therapist cares about you but is not in a position to act which would in any way provide personal, social, or financial benefit other than that already provided within the professional therapeutic context. Gifts, bartering, and trading services are not appropriate and should not occur between you and the therapist, except in extraordinary circumstances and with prior consent and approval from both parties. In a professional relationship, sexual intimacy is never appropriate and should be reported to the Department of Regulatory Agencies (DORA) – contact information at the end of this document

## **Techniques of Therapy**

There may be multiple interventions to effectively treat the problems which you are experiencing. Your Therapist will make every effort to provide informed consent before engaging in any therapeutic intervention, and it is important for you to discuss any questions or concerns you may have regarding the recommended course of treatment and/or interventions. At all times, you have the right to decline to participate in any treatment which is offered, and alternative treatment options will be provided to you at no extra cost. For more information on the specific training and techniques which your Therapist uses in their practice, please consult the Disclosure statement signed at intake.



☎ (719) 581-7200

✉ info@RenewedLifeLLC.com

🌐 www.RenewedLifeLLC.com

---

## Goals and Risks of Therapy

The essence of the therapeutic process is change. Often, what brings clients to therapy is that issues which have long been managed, covered up, or allowed to continue are forced to be dealt with because the status quo is no longer working. Growth cannot occur until issues are experienced and confronted, which can cause distressing feelings and in general unsettle the previous status quo. In the process of therapy, clients may learn things about themselves that are unpleasant. Things might feel as if they are getting worse before they get better; this is what the process of change looks like. You are the person who will be the one bearing the burden of the lifestyle choices/changes that may result from therapy; therefore you are the person ultimately responsible for change. You should be aware of these goals and the inherent risks. You may withdraw from treatment at any time, but it is recommended that you discuss this with your Therapist first; a final termination session is always advised as best practice.

## Confidentiality

Discussions between a therapist and a client are confidential and considered Protected Health Information (PHI). No PHI will be released without the client's written consent unless mandated by law. If you have any questions regarding confidentiality and/or use of PHI, you should bring them to the attention of your Therapist as issues arise. By signing this form, you are giving your assent and consent to the rights and responsibilities of both you and the Therapist, as outlined here and in the Notice of Privacy Practices document signed at intake.

## Duty to Warn

Your Therapist possesses a legal "Duty to Warn" and additionally acts as a legally Mandated Reporter. In the event that the Therapist reasonably believes that there exists a safety issue which contains imminent risk of harm, the Therapist is legally obligated to inform the relevant authorities of the facts of the situation in order to protect the health and safety of you, other persons, and/or the public at large. This duty expires at the termination of therapy

## Appointments and Cancellations

Appointments may be made and/or managed by calling (719-581-7200), emailing ([info@renewedlifellc.com](mailto:info@renewedlifellc.com)), online (<https://www.therapyportal.com/p/rlc17/>), or by discussing with the Therapist directly in session. Calls and/or emails may only be answered during the hours of 7:00am and 7:00pm MST Monday through Friday; requests made outside of this time frame will still be honored if electronic notification (eg, email, voicemail, etc) is delivered. Provider requires adequate and reasonable notice of cancellation and/or reschedule in order to avoid penalty. Clients who request appointment changes outside of the designated window(s) of time will be charged a fee and may be subject to termination if the pattern is repeated. Your Therapist reserves the right to cancel your appointment if the circumstances of the appointment as presented by the client might interfere with the efficacy of the counseling session. Non-exhaustive list of examples include: intoxication, disruptive minor children, illness or injury, etc. In such cases, it will be at the sole discretion of the Provider if a penalty will be imposed. For further information on the specific details of how to manage appointments in a manner conducive to your therapeutic goals, please refer to the Cancellation Policy form signed at intake.



☎ (719) 581-7200

✉ info@RenewedLifeLLC.com

🌐 www.RenewedLifeLLC.com

---

## Cost of services

Renewed Life Counseling will require full payment of your account, and you (or your designated representative) will be responsible for payment of all charges. The initial cost of the session(s) will be collected at the time of service – this may include a copay or other insurance amount, or it may include the full cost of the session if you are not using insurance. This amount may vary throughout the therapeutic process, depending on the nature of services provided and/or insurance coverage. You are responsible for notifying Renewed Life Counseling immediately of any changes to your insurance; if this is not completed, you may be billed for services that are not covered. Pursuant to the provisions of the No Surprises Act of 2021, you have the right to be provided with a Good Faith Estimate (GFE) of the cost of services if such costs will not be covered by insurance. It is your responsibility to contact your Therapist to request a GFE or any other detail of the costs of services; it is your right to receive this information in a reasonable and timely manner.

## Court

As discussed above, there may be times where the disclosure of your records and/or the testimony of the Therapist will be compelled by law or requested by you. In the event that your Therapist is involved in such court proceedings, you will be responsible for and shall pay the costs involved in producing these records and/or delivering testimony. The Therapist's **daily rate** to perform these services is **\$500**; this cost is generally not covered by insurance plans and must be paid out-of-pocket by you. A GFE will be provided in advance of such services being rendered, and full payment shall be received prior to any services being rendered. Court proceedings are often unpredictable in regards to the amount of time required; you will be notified of any remaining balance (either credit or debit) following these proceedings, which shall be resolved prior to any further services being rendered.

## Crisis Situations

Renewed Life Counseling cannot ensure a mental health professional is always available to address your needs. If you are experiencing a mental health emergency and in need of immediate support, call 911 or go to your nearest emergency room. If it is an urgent issue and your Therapist is unavailable, you are responsible for accessing appropriate and adequate care. Below are Colorado Springs Mental health crisis support resources, all of which are open 24/7:

### Cedar Springs Hospital

---

2135 Southgate Rd  
Colorado Springs, CO 80906  
719-633-4144

### Peak View Behavioral Health

---

7353 Sisters Grove  
Colorado Springs, CO 80923  
719-355-1028

### Penrose Hospital

---

2222 N Nevada Ave  
Colorado Springs, CO 80907  
719-776-5000

### Diversus Health (formerly Aspen Pointe)

---

115 S Parkside Dr.  
Colorado Springs, CO 80909

6071 E Woodmen Rd, Suite 135  
Colorado Springs, CO 80923

719-635-7000

### Colorado Crisis Services Hotline

---

844-493-8255, or text TALK to 38255

This hotline will connect you to a crisis counselor or trained professional. The staffer will assess risk and determine if a mobile response is necessary



(719) 581-7200  
info@RenewedLifeLLC.com  
www.RenewedLifeLLC.com

### Communication Practices

By signing the Consent, you are consenting for Renewed Life Counseling to communicate with you by mail, email, and phone at the address and phone numbers provided at the initial appointment. You agree to immediately notify Renewed Life Counseling of any changes in contact information, insurance, or payment options. You further agree to notify Renewed Life Counseling if you need to opt out of any form of communication.

### Consent to Treatment

By signing the Consent, you voluntarily agree to receive mental health assessment, care, treatment, or services and authorize the Therapist to provide such care, treatment, or services as are considered necessary and advisable. Signing indicates that you understand and agree that you will participate in the planning of your care, treatment, or services, and that you may stop such care, treatment, or services at any time. You assent that you have been provided ample opportunity to ask questions and seek clarification of anything that remains unclear. By signing the Consent, you acknowledge that you have both read and understood all the terms and information contained herein.

**I have read and fully understand, and agree to honor, this agreement. I have been provided a copy of the Consent document contained herein.**

Client (or Designee) Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Name of Client \_\_\_\_\_

Full Name of Designee (if different than Client): \_\_\_\_\_

### Department of Regulatory Agencies (DORA)

The Colorado Department of Regulatory Agencies has the general responsibilities of regulating the practice of licensed psychologists, Licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed clinical social workers, licensed psychologists practicing outside of school settings, and any other individual(s) who practice psychotherapy. Their contact information is listed below if you wish to pursue any matters further related to your treatment.

303-894-7800  
1560 S. Broadway, Suite 1350  
Denver, CO, 80210