**CREDENTIALS**

I earned my Bachelor of Social Work and Master of Social Work from Colorado State University. I completed practicum experiences at The Women’ Resource Center and UCHealth Poudre Valley Hospital. I received 2 years of supervised experience at UCHealth Poudre Valley Hospital before obtaining my LCSW. License: CSW.09926788. I have certifications in Trauma Informed Care from “Crisis Support Solutions” and Maternal and Child Perinatal Mental Health from “Postpartum Support International”. I use different modalities and techniques within my therapy practice. These practices include Mindfulness, Sensorimotor Psychotherapy, Interpersonal Psychotherapy, Solution-Focused Brief Therapy, Trauma-Focused Cognitive-Behavioral Therapy, Infant Mental Health. I have specialized experience working with families and young children. I also have extensive experience in Medical Social Work and trauma related to crisis and chronic illness. In my work, I combine a variety of theories, family systems theory, attachment theory, and solution-focused therapy, trauma informed care. In order to provide the best care possible, I consult with supervisors and colleagues, all of whom are mental health professionals.

**PROFESSIONAL ASSOCIATION**

National Association of Social Workers, Postpartum Support International. The practice of licensed clinical social workers is regulated by the Colorado State Department of Regulatory Agencies. Any questions or complaints may be addressed with Niki Froman and/or: Colorado State Department of Regulatory Agencies Mental Health Occupations Grievance Board @ 560 Broadway, Suite 1350, Denver, CO 80202

**PRACTICE INFORMATION**

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Social Work Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a masters degree 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 Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1,000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

**YOUR RIGHTS**

You are entitled, to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy, if known, and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time.

**OUR RELATIONSHIP**

As a professional, I will do my best to help you. This includes following the standards of the National Association of Social Workers (NASW). In your best interests, NASW puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you. First, I am licensed and trained to practice psychotherapy—not law, medicine, finance, or any other profession. I am not able to give you advice from these other professional viewpoints. Second, the confidentiality of my clients is respected. This is part of my effort to maintain your privacy. If we meet on the street, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship. Third, I can only be your therapist and must refrain from engaging in harmful or dual relationships. I can never have an intimate sexual or romantic relationship with a client. I also cannot have a business relationship with a client.

**RISKS AND BENEFITS OF COUNSEING**

Counseling is an intensely personal process that can bring great benefits, and also include some risks. Risks may include experiencing unpleasant memories or emotions, seeing an increase in symptoms at times, and seeing changes in relationships or behaviors. There are no guarantees that counseling will work for you. Clients can sometimes make improvements only to go backwards after a time. Sometimes change happens quickly, however, more often it happens slowly. Counseling requires a continually active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions. Along with the risks, it’s important to consider the benefits. Counseling can help you meet the goals that you have set for yourself. You may notice a decrease in difficult feelings such as anger, anxiety, and depression. Sometimes relationships improve, and people feel healthier. You may notice yourself thinking in a more healthy or positive manner, or relating differently to other people. Personal growth is a common benefit of therapy.

**TELEHEALTH**

In order to maintain care under certain circumstances, I may offer to conduct therapy or assessment via telehealth. Telehealth is the delivery of healthcare services when the therapist and client are not in the same physical location through the use of technology. This could include phone sessions or video sessions via telehealth software on a computer, tablet, or phone. The risks and benefits of telehealth are similar to those of in-person sessions. There are additional risks, however:

1. Although I use secure HIPAA approved platform(s), there is no way to guarantee that this software is completely failproof. As with any technology, there is a chance of a security breach that would affect the privacy of confidential information.
2. You will be in your own home, I cannot guarantee the same level of privacy that you have when you are in my office. You are responsible for making sure that you are in an area where disruptions are minimized and privacy is maximized.

Please reflect on the following policies and practices related to telehealth:

1. You have the right to withhold or withdraw your consent to the use of telehealth services at any time during the course of your care, without affecting your right to future care (in-person or online).
2. The laws regarding confidentiality in mental health services also apply to telehealth.
3. You have the right to ask me questions related to telehealth, security, technical specifications, etc. I will take all necessary steps to preserve your privacy. Specifically, I will conduct sessions in a private office where no others will be present or able to hear our conversation and use secure technology.
4. I will continually assess the appropriateness of telehealth services for your/your child’s care, and I may choose to refer you/your child to other forms of care based on my professional opinion.
5. If the connection is lost/fails, I will attempt to re-establish it by contacting you.
6. In general, I can only legally conduct telehealth sessions when you are physically located in the state of Colorado.
7. I may ask you to verify your identity, location, and privacy at the beginning of telehealth sessions. By signing this form, you certify that you understand the risks and benefits of telehealth services and have had an opportunity to ask any related questions.

**RECORD KEEPING:**

I will keep records of your counseling sessions and possibly have a treatment plan which includes goals for your counseling. These records are kept to ensure a direction to your sessions and continuity in service. They will not be shared except with respect to the limits to confidentiality discussed in the confidentiality section, or if your insurance company requires documentation for audits or other reasons. Should you wish to have your records released, you will be required to sign a release of information which specifies what information is to be released and to whom. Records will be kept for at least 7 years but may be kept for longer. Records will be kept on a HIPAA secured EMR system.

**CONFIDENTIALITY:**

Your confidentiality is of the utmost importance to me. By law, you have the right to have your information kept private. If you wish to have information released, you will be required to sign a “Release of Information,” before such information will be released. There are some limitations to confidentiality to which you need to be aware. I may consult with a supervisor or other professional therapist in order to give you the best service. In the event that I consult with another therapist, no identifying information such as your name would be released. There are legal limits to confidentiality as well. These include:

1. I am required to report any suspected incident of child abuse or neglect to law enforcement and/or the local Child Protective Services unit.

2. I am required to report any threat of imminent physical harm by a client to law enforcement and to the person(s) threatened.

3. I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or to others, or who is gravely disabled, as a result of a mental disorder.

4. I am required to report suspected abuse, caretaker neglect, and exploitation of at-risk adults and elders.

5. I am required to report any suspected threat to national security to federal officials.

6. I am required to report any significant clinical information under court order.

7. In the case that I respond to any legal action taken by you against me.

**CONFIDENTIALITY OF MINORS:**

Clients under the age of 18 and their parents should be aware that that the law may allow parents to access treatment records. However, since confidentiality in treatment is often essential to its success, it is my policy to request a special agreement with minors and their parents. This agreement provides that during treatment, I will provide parents only with general information about treatment progress and the client’s attendance at sessions. Any other information will remain confidential and require the client’s authorization to access. An exception to this exists if I feel that the client is a danger to themselves or others, in which case, I will notify the parents of my concern. Please be aware that clients, who are 15 and older, in Colorado, have the right to consent to mental health treatment without parental consent. In the case of shared custody between parents, it is the parent seeking therapy for the child’s responsibility to keep the other parent informed about psychotherapy. If it is indicated, the other parent may be requested to be involved in therapy and may also be asked to sign a consent form for treatment. It may be necessary for you to assist and encourage the involvement of the other parent.

HOME VISITATION

Therapy sessions may be provided in your home, when discussed and agreed upon in advance. Prior to agreeing to homebased therapy, I will assess for any potential safety risks in the home. Both you and I have the right to end home-based services and/or change to telehealth-based services at any time. When in the home, please identify an area that we can maintain confidential information and limit distractions and increased stimulation.

COURT TESTIMONIALS

Clients sometimes request that therapists testify in court proceedings, particularly in divorce and custody litigation. However, having a therapist testify carries numerous risks including: Damage to the therapeutic relationship, especially that between a therapist and child. Testimony regarding personal and confidential therapeutic content becomes part of the public record that can be accessed by anyone. When a child is the primary client, any communications between the therapist and parent(s) or caregiver(s) are not protected as confidential information. Once subpoenaed, a therapist who does not have written consent to testify (e.g., from both parents) can still be ordered by a judge or magistrate to testify. Once a therapist is brought into legal proceedings, a judge or magistrate can order that the entire therapeutic file (including all case notes and communications) be turned over and thereby placed into the public record. Therapists are limited in their scope of testimony and are legally prohibited to make any recommendations regarding child custody or parenting issues. By signing this disclosure statement, you agree not to subpoena me to court for testimony or for disclosure of treatment information in litigation. You also agree not to request that I submit reports or make recommendations concerning custody or parenting time.

**FEES AND CANCELATION POLICY**

My standard fee is $130 per 50 minute session unless we have agreed to sliding scale arrangements. I take a limited amount of sliding scale fee clients. Out of courtesy and the agreement of sliding scale clients, I will request payments at the time of service. I accept check or credit card (Visa, Mastercard, American Express, or Discover). • I require at least 24 hours advance notice for cancellations or rescheduling. A $65 fee (or half of regular fee) will be charged for late cancellations or missed sessions, unless there is an emergency or illness. If you are late to session, your time may be shortened, but you will still be charged for the entire time scheduled. If you will be more than 5-10 minutes late, it is your responsibility to inform me. Failure to contact me could mean our session is canceled and/or charged as a no show. • By signing this document, you consent to your therapist charging a credit card on file for any appointment(s) not canceled with at least 24 hours advance notice. • I bill case management in increments of 15 minutes, so any phone calls, document reviews or consultations over 15 minutes will be billed at $25 per 15 minutes. • In the event that I am called to testify in court, I charge an $800 retainer and $400/hour for all associated work. This includes hours testifying and time spent in travel and preparation.

I can charge HSA or FSA accounts. I can also provide a monthly or yearly billing statement that can be submitted to your insurance company for potential reimbursement upon request. Any contact with your insurance company is your responsibility and I cannot guarantee reimbursement. • Services are billed at the time that they are provided. If more than two sessions have gone unpaid, we will work together to determine a payment plan. If you are delinquent on your balance for more than three months, I may utilize a bill collection agency to collect any unpaid fees.

**CONSENT and SIGNATURE:**

By signing below, I, the client (or parent/guardian) am stating that I have read, understand, and agree to all the conditions listed in the “Informed Consent for Psychotherapy” form. If at any time during treatment I have questions about the policies, I can discuss them with you. I agree to act according to the points covered in this form. By signing below I am consenting to treatment with Niki Froman, LCSW and agree to participate in therapy to the best of my ability. In the case of psychotherapy with a minor child/children; I do affirm by signing this Consent to Treatment that I am the legal guardian and/or custodial parent able to legally consent to the treatment of the child/children.

Printed Name of Individual, Parent or Gaudian:

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Signature of Individual, Parent or Gaudian: Date:

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Signature of Individual, Parent or Gaudian: Date:

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Printed Name of Therapist:

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Signature of Therapist: Date:

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