

# Tree of Life Wellness Services, LLC

*Tristin Mead-Rodrigues*

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## Disclosure Statement / Consent to Treatment

### **Confidentiality:**

Information shared with Tristin Mead-Rodrigues will be kept confidential, unless written permission is given by the client, *with the following exceptions:*

- Threats of violence to others
- Danger of suicide
- Known or suspected child abuse

### **Client Rights and Important Information About Counseling:**

The practice of psychotherapy in Colorado is regulated by the Department of Regulatory Agencies. The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite #1350, Denver, CO 80202. You may direct questions or complaints to the above address, or you may call their office at (303) 894-7800.

You are entitled to receive information about methods of therapy, the techniques used, the duration of therapy (if known) and the fee structure. The therapist will provide this information upon request. You may seek a second opinion from another therapist and you may terminate therapy at any time. In a professional relationship such as counseling, sexual intimacy between a therapist and a client is never appropriate and should be reported to the grievance board.

### **Tristin Mead-Rodrigues' credentials:**

- Master of Science in Counseling Psychology, Loyola College in Maryland
- Licensed Professional Counselor # 2974
- Certified Nutritional Consultant, Global College of Natural Medicine
- Reiki Level 2 Practitioner
- EMDR Level 2 Practitioner
- Certified Employee Assistance Professional

### **Cancellation policy:**

I require 24 hours notice for cancelled appointments. If advance notice is not given, clients will be charged for the full missed session (not just your copay) as I cannot bill your insurance for cancelled appointments. My rate is \$85 per hour. Emergency situations (i.e. life or death situations) are exceptions and will be evaluated and discussed on a case-by-case basis.

### **Payment:**

You will be expected to pay for each session at the time it is held, unless we agree otherwise. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installation plan. If you pay with a check and the check is returned due to insufficient funds, you will be charged a \$ 20 fee. If your account has not been paid for more than 60 days, I have the option of using legal means to secure your payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection

situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

I keep a copy of all clients' credit card numbers in a locked file. I will charge a client's credit card to cover the fee of a missed session or a session cancelled within a 24 hour period for non-emergencies.

**If you have any questions, please feel free to ask.**

***I have read the above information and I understand my rights as a client.***

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_