



PASTORAL COUNSELING FOR DENVER

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Dear Counselee/Parent:

The following information is presented for your understanding and is important for the beginning of our therapeutic relationship. In the State of Colorado, I am required to inform you of my degrees, credentials and education, and of your rights as a counselee. This information along with certain policies of my practice are presented below:

My education/credentials:

Ph.D. Religion and Psychological Studies,
University of Denver and the Iliff School of
Theology, 1994
D.Min. Pastoral Theology and Counseling.
Chicago Theological Seminary, 1981.
M.Div. Calvin Theological Seminary, 1974.
B.A. Calvin College, 1970.

I am ordained as a pastor in the Christian Reformed Church of North America.

I am licensed in the State of Colorado as a registered therapist. A registered psychotherapist is a psychotherapist listed in the state's database and is authorized by law to practice psychotherapy in Colorado, but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.

The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Colorado Department of Regulatory Agencies. The agency within the Department that has responsibility specifically for registered psychotherapists is the Board of Registered Psychotherapists, 1560 Broadway, Suite 1350, Denver, Colorado 80202; 303-894-7800.

Your Rights as a Counselee:

1. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. Please ask if you would like to receive this information.
2. You can seek a second opinion from another therapist or terminate therapy at any time.
3. In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate and should be reported to the State Grievance Board.
4. You should understand that information provided by and to you during therapy sessions is legally confidential. Therefore, I can not be forced to disclose the information without your written consent.

There are exceptions to this general rule of confidentiality which are listed in the Colorado statutes (see Section 12-43-218, C.R.S., in particular). You should be aware that legal confidentiality does not apply in the case of a serious potential for suicide; possible physical violence to another person; any known or suspected instance of child abuse (which, by law must be reported to the Department of Social Services); when a court orders information to be disclosed; and when an insurance company seeks information regarding therapy.

All records about your counseling will be maintained in locked files during your time in treatment. Only authorized persons (your counselor and his or her supervisor) will have access to them. At the completion of your counseling, these records will be summarized and kept on file for a period of ten years, after which they will be destroyed. Copies of your file can be sent to a qualified professional only by a written request from you.

Additional Policies of This Practice:

Timeliness: You can expect to start and end counseling sessions within five minutes of the scheduled appointment. If I am delayed further I will announce this to you in the waiting room.

24 Hour Coverage: PCD does not provide 24 hour coverage. However, we are committed to returning messages that are left within a reasonable amount of time.

Cancellations: When cancelling or re-scheduling an appointment, please call at least 24 hours ahead of the scheduled time. Appointments not cancelled at least 24 hours in advance may be charged.

Phone calls and consultations: When seeking assistance by phone for clinical matters, you should expect to be charged for phone contacts over ten minutes in length.

Insurance and billing: Couselees are always responsible for their bill. In situations where an insurance company does not pay the expected amount, you are responsible for the balance. Our contract for services is with the counselee, not with the insurance company. Preferably, you will pay PCD directly and be reimbursed directly by your insurance company.

Payment: Unless other arrangements are made, payment is expected at each session. A monthly statement will be mailed to you. PCD reserves the right to charge 10% interest for accounts 90 days past due. PCD also reserves the right to make use of a collection agency to retrieve payment after 90 days, if not otherwise negotiated. All fees for collection services and court costs will be paid by you, the client.

If you have any questions or would like additional information, please feel free to ask me about such.

I have read the preceding information and understand my rights as a counselee. I understand that I am financially responsible for services received from PCD Counseling Services, Inc. and acknowledge receiving a copy of this document.

 2-27-2022
Counselee's/Guardian's Signature Date

Therapist's Signature Date