



PURA VIDA HEALTHCARE
Your Mind-Body Connection

Thriving: Therapy & Yoga

Shelley L Nielsen, LCSW & RYT200

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www.thrivingtherapyyoga.com

Degrees & Licenses:

- MSW with a clinical focus (2006), University of Denver, Colorado
- BA, Psychology (2004), Fort Lewis College, Colorado
- LCSW - CO License 1695, exp. 8/31/2021
- LCSW - NM License C-09273 exp. 7/30/2021
- 200 hour Yoga Teacher Training through Kripalu Yoga & Ayurveda Association; RYT 200
- 40 hour Divine Sleep {r} Yoga Nidra Training with Jennifer Reis (www.jenniferreisyoga.com)

DISCLOSURE STATEMENT

The practice of licensed social workers or licensed clinical social workers is regulated by the Mental Health Licensing Section of the Division of Registrations of the Colorado Department of Regulatory Agencies. The **Board of Social Work Examiners** can be reached at: **1560 Broadway, Suite 1340, Denver, CO 80202, (303) 894-7760.**

Under the Colorado Mental Health Practice Statute, **12.43.214 CRS**, you are entitled to receive information about the methods of clinical work, the techniques used, the duration of clinical work (if known), and the fee structure (see below for more detail). In a professional relationship sexual intimacy is inappropriate and should be reported to: **The Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado, 80202; (303) 894.7766.**

Generally, the information provided by and to a client during sessions is legally confidential and cannot be released without your consent. There are exceptions to this confidentiality, some of which are listed in section **CRS 12.43.218** and the **HIPAA Notice of Privacy Rights, (please see DORA website for more information)** as well as other exceptions in Colorado and Federal law. Information disclosed to me cannot be disclosed in any court of competent jurisdiction in the State of Colorado without consent of the person to whom the testimony sought relates. If you should choose to file a complaint against me, all rights to confidentiality are waived. There are exceptions to legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S.) 12-43-

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218. In short, the situations that I may disclose without your authorization are: cases of current abuse, neglect and molestation of children or disabled people, and if there is potential danger to other persons or to self.

OFFICE POLICIES, GENERAL INFORMATION & CONSENT FOR PSYCHOTHERAPY:

PHILOSOPHY AND APPROACH: My aim is to help you diminish internal conflicts, reduce unnecessary suffering, and create more satisfying experiences. I approach the work with four fundamental goals: (1) Relieve symptoms; (2) Heal trauma; (3) Transform core issues; (4) Promote sustainable well-being. By addressing the underlying dynamics that generate symptoms, their intensity can wane and the patterns that created them evolve. Two of my specialties are an experiential method that utilizes moving meditation (trauma informed yoga) and body-centered therapy. I support your transformation—both guiding and encouraging you to become more of yourself and thereby bolstering mental vitality, resiliency and harmony.

OFFICE HOURS: My office hours are from 8 a.m. to 6 p.m. on Saturday through Monday. I also see individuals out of the office (Eco-therapy) or via phone Tuesday & Friday's. If you need to contact me between sessions please leave a message and I will return your call as soon as possible.

SESSION FEES & LENGTH: My normal rate is \$100 for 50-minute sessions. Payment is due in full before at the beginning of each session. I do offer a reduced rate for those that absolutely cannot afford my regular rate. You can let me know if you need this kind of special financial accommodation and what you are able to pay and usually an agreement can be reached. All I ask is that if things get better for you financially, you let me know and we can renegotiate. I accept cash and checks. I also accept Square (credit cards/debit cards) and PayPal payments, but there is an additional \$3.00 charge more because of their convenience fee.

OUT OF SESSION TIME/EMERGENCIES: If an emergency arises and I am unavailable, please go to the local emergency room. I am more than willing to connect with you between sessions. After 10 minutes talking with you and/or writing (text/email) to you between sessions, you will be charged your prorated regular fee. My hourly fee is lower than most because I seek to prevent people from foregoing therapy because of cost. As a result, I cannot include other services in that fee—like letter and report writing. If you need a letter or report written I am happy to do so at the normal session fee rate.

APPOINTMENT AND CANCELLATION POLICY: The scheduling of a session involves the reservation of time specifically for you. Except for genuine emergencies, if you cancel your session less than 24 hours before the scheduled time, or if you miss your session, you will be charged the full fee for your scheduled session. This includes insurance appointments because insurance won't pay for missed sessions the burden will fall upon you.

LENGTH OF THERAPY: I work with people weekly on a long-term basis - four to six months is a good initial trial period. You may seek a second opinion at any time from

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another qualified professional. You or I can terminate sessions at any time; all I ask is that if we decide to stop we have one closure session to honor the work we've done.

VACATION TIME: I take vacations. You should too. I will give you at least two weeks' notice when I plan to be away such that I would need to miss a session.

REFERRALS: I love them and appreciate them greatly. If you think someone else might benefit from working with me please feel free to recommend my services. However, because of client— therapist confidentiality, I will not be able to confirm or deny their contact with me.

COLLECTIONS: If outstanding unpaid balance needs to be sent to collections client is responsible for collector's fee plus unpaid session fees. Out of pocket payment is required for no shows and cancellations within 24 hours.

RELEASE OF RECORDS: Your records (personal information, dates of sessions, assessment, treatment plans, and any consultations/supervision contacts) will be stored in a safe and private place. These records can only be released with your permission. These psychotherapy notes are further protected from subpoena and unauthorized access by HIPAA. Your records will be stored safely with attention to your privacy for at least 7 years as required by Colorado statute. In the event that I am no longer able to secure and monitor access to your record, another mental health professional will act as my professional representative. That professional representative will keep your records secure and accessible for the required 7 years. Your records are protected by Colorado statute, HIPAA regulations, and professional ethics.

COMMUNICATION THROUGH TEXT OR EMAIL: At times, I offer additional support through texts or email. Please know that this form of communication is not secure (meaning that others might be able to access information even though every precaution is taken to insure security). You always have the option to choose only phone calls or in person communication.

I have read, understood these policies, and consent to treatment:

Client Signature	Date
Guardian for Minor	Date
Shelley Nielsen, LCSW & RYT 200	Date