



SunSet Community Counseling

Sandra L. Hammond, M.A., LPC ***Licensed Professional Counselor***

12760 Stroh Ranch Way
Suite #203
Parker, Colorado 80134

720-583-4217
303-564-5956

sandra@sunsetcommunitycounseling.com

www.sunsetcommunitycounseling.com

Professional Disclosure

Degrees and Credentials

Sandra Hammond earned a Bachelor of Science degree in Accounting from Metropolitan State College in 1995, a Graduate Certificate in Christian Studies from Denver Seminary in 2011, and a Master of Arts degree in Community Counseling from Regis University in 2012. Sandra is licensed as a professional counselor in the State of Colorado as well as a certified life coach.

Sandra has a unique foundation of experience providing counseling, guidance, resources, and support to those who face end-of-life or difficult life transitional decisions as well as those who are challenged by trauma, domestic violence and identity concerns. Her experience and passion includes coaching, counseling and support to those who support and help in their profession or as a responsibility in their family or community. Her community experience includes supporting, collaborating and coordinating adults in leadership; facilitating children and adults in grief groups, mentoring students and heads of households, as well as providing direction, coaching and counseling to wide array of people individually. These clients include medical professionals, teachers, survivors of trauma, adult survivors of childhood sexual abuse, children and adults experiencing significant losses, parents, students and head-of-households. Sandra has served as a grief counselor, mental health therapist, supervisor, group facilitator, home supervisor, chaplain, hospice companion, caregiver, ambassador of variety of ministries, mentor for homeless families, and sole proprietor.

Statement of Therapeutic Orientation

Sandra has over twenty years of providing emotional and spiritual support to a wide array of people in various settings. Sandra strives to provide the best care through an eclectic trauma-informed counseling and coaching approach. Professional Christian Counseling and the use of spiritual resources are available for clients who request it. Her approach is foundationally based in a grief orientation, existential, client-centered, strength-based, trauma-informed and expressive art therapies through which she combines a variety of methodologies that tailor her services to the unique needs of the client. Her grief orientation is both a technique and intervention of presence and interactive witnessing. Existential therapy is based on the quality of the human condition including self-awareness, freedom of choice, responsibility, anxiety, meaning of life, authenticity, and the lived-experiences of life and death. Client-centered therapy is based on the client-therapist relationship by promoting client's personal awareness to strengthen their Self leadership. The four key elements that are needed within the therapeutic relationship are presence, unconditional positive regard, empathy, and genuineness. Strength-based therapy is based in the empowerment of client's internal and psychosocial resources. Sandra integrates other therapeutic approaches including Motivational Interviewing, Internal Family Systems, Narrative Therapy, Gestalt Therapy, Dialectical Behavior Therapy, and Rational-Emotive Behavior Therapy. Her ultimate goal is to provide counseling, coaching and all varieties of support with efficiency and practicality in a time-effective manner.

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Regulated by The Department of Regulatory Agencies

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Division of Professions and Occupations. The Board of Licensed Professional Counselor 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:

- 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.
- Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.
- Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.
- Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements.
- Licensed Social Worker must hold a master's degree in social work.
- 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.
- Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's 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.

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.

In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

Cancellations & Missed Appointments

This cancellation policy is designed for the efficiency and respect of our time. The client's notification must be at least 24 hour advance notice of any work day, Monday through Friday. If there is a need to cancel a Monday appointment, that cancellation would need to be made by the Friday before the appointment. **Any changes or cancellations received less than 24 may be charged at the regular, per-session rate. Any missed appointment with no call or contact received will be charged the regular per-session rate. Also note:** Repetitive cancellations and reschedules that result in no attendance will be charged at the regular per session rate as individual "No Shows". **All communications will be returned on the same day or at SunSet's earliest convenience.**

Payment Policy

This payment policy is for each person receiving counseling, coaching or supporting services to **pay for such services upon receipt of services.** Additional session fees may be incurred if a Letter of Service Summary is requested. Payment can be made using cash or check or credit card including healthcare savings accounts. No receipts will be sent via any mobile (internet) credit card processor. **A \$40.00 administrative fee will be charged on all checks that are returned for non-sufficient funds.** **Also note:** Repetitive cancellations and reschedules that result in no attendance will be charged at the regular per session rate as individual "No Shows".

Each one hour session fee is **\$100.00.** Fees reduced for financial need as per request.

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Insurance

The client's insurance is a contract between the client and their insurance company. Sandra is credentialed and accepts major medical insurance through the SonderMind network. When a client uses their insurance for payment, it is the client's responsibility to know what their benefits are (ie copays and covered number of sessions). Please check with your insurance company regarding your mental health benefits. Client also agrees that their billing information will be shared through SonderMind network including a credit card for co-pays. A diagnosis (ICD10 code) will be determined in order to bill your insurance. **An insurance claim for services will be submitted within 24 hours of service.**

Payment for Sandra's services is ultimately the responsibility of the client. In regards to minors, the responsibility of payment is the parents(s) or legal guardian(s). Payment is due upon receipt of service. Payment is not dependent in any way to any type of insurance coverage. It is agreed that payments will not be delayed or withheld because of any insurance coverage or dependency upon those payments.

Emergencies, Safety Concerns or Crisis

Colorado Crisis Services 1-844-493-8255 or text TALK to 38255

Metro Crisis Line 1-888-885-1222

In case of emergency, please call 911 or go to your nearest emergency room.

Privileged Communications

The information shared in a counseling session is held in strict confidence by the Sandra L. Hammond unless the client (or parent or legal guardian) grants Sandra permission in writing to release information. Sandra will neither inform anyone that this client(s) are receiving services, nor will she disclose the content of any session. The only exceptions under which privileged communications may be broken include:

- An indication that the client has the intent to do bodily harm to him/herself or to someone else. In that case, Sandra has the duty to alert officials and/or potential victims of the threat.
- Alleged child abuse or neglect is required to be reported to authorities.
- Alleged elderly abuse or neglect is required to be reported to authorities.
- A court order, which requires information from the client(s) file.

Please note: If client is involved in any litigation, Sandra's role is not to make recommendations to the court. Client agrees not to subpoena Sandra for testimony or for disclosure of treatment information.

These exceptions are listed in section 12-43-218 of the Colorado Revised Statutes, and the HIPAA Notice of Privacy Right. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: <http://www.dora.state.co.us/mental-health/Statute.pdf>.

Sandra is a mandated by Colorado law to report abuse or neglect disclosed under the conditions given above to an appropriate state agency. Client's record will be maintained by Sandra for seven years past the final session or attendance.

Sandra cannot guarantee confidentiality when using tools of technology such as phone, email, text messaging, or any variety of visual forms etc. When the client communicates via technology, it implies consent for Sandra to reciprocate likewise. Personal communications via social media is ethically prohibited. However engagement in communication on the business SunSet Community Counseling social media is on client's accord, it is not private or confidential.

Use of audio-record or video-record is strictly prohibited.

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Financial Agreement & Authorization for Treatment

I authorize treatment of the person named below and agree to pay all fees for such treatment. I agree to pay all charges for me and members of my family shown by statement promptly. Charges shown by statements are agreed to be correct and reasonable unless protested in writing within 30 days of billing date. Accounts with no financial activity for 30 days may be sent to a professional collection agency, including potential court costs, attorney fees, and other collection costs.

I attest that I have read the preceding information, and it has also been provided verbally. I have seen Sandra L. Hammond's biography and I am aware of her degrees and credentials. I understand the conditions stated above. I further agree to receive counseling, coaching, and/or supporting services under these conditions and that I have received a copy of this information. I agree to ask for clarification as needed.

Print Client's Name

Client's Signature

Date

Print Client's Name

Client's Signature

Date

If signed by Responsible Party, please state relationship to client and authority to consent:

Phone # _____

Print Client's Name

Client's Signature & Date

Print Parent or Responsible Party's Name

Signature

Date

- ❖ Client understands there are unknown risks in using credit card processing as payment for services. Clients agrees to accept the liability associated with using credit card processing.

Clinician's Signature: _____ Rate _____ Initials _____

*In the state of Colorado, minors over the age of 12 years are entitled to the right of confidentiality. As the parent or legal guardian, you may receive information about your child if they are under age 15. If the youth being seen is 15 years or older then it is the child's right to release or withhold information regarding treatment. Client agrees to give permission for Sandra to use her discretion to when and what information is necessary to disclose in an effort to uphold the therapeutic ethical standard of confidentiality and maintain the relationship between the child and parent/guardian.

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If signed by Responsible Party, please state relationship to client and authority to consent:

Phone # _____

Print Client's Name

Client's Signature & Date

Print Parent or Responsible Party's Name

Signature

Date

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