

**Kristin Lukela, MA, LPC
The Inner Wisdom
Psychotherapist**

**1333 West 120th Avenue, Suite 218
Denver, CO 80234**

**51 Eagle Dr. Bldg. 3
Eagle/Vail, CO 81620**

**www.theinnerwisdom.net
innerwisdomlle@hotmail.com
(303) 921-7261**

Teaching Disclosure Statement

I am providing the following information to let you know what your rights as a **student** of Kristin Lukela, MA, LPC.

Educational Background:

- Bachelor of Arts in Humanities, University of Colorado, Boulder, CO
- Bachelor of Arts in English and Secondary Teaching Certification, Metropolitan State College of Denver, Denver, CO, 1998.
- Master of Arts in Counseling, Regis University, Denver, CO. A nationally recognized Council for Accreditation of Counseling & Related Educational Programs (CACREP). Graduated with honors, 2007.

I _____ (print name) agree to engage in a teaching relationship with Kristin Lukela, MA, LPC.

This agreement means that I understand that the legal and ethical constraints of confidentiality and mandated reporting are **voided** in this relationship. I agree to be referred to a licensed professional if I require treatment that requires the conditions of a licensed professional in the field of psychology. Examples of this could be and are not limited to suicidal or lethal ideation, addiction treatment, or anything that is deemed necessary to comply with safety and/or and not limited to levels of treatment necessary at the time of determination.

I have asked all necessary questions and am clear about the nature of this relationship.

The cost for teaching sessions is \$150-225 based on location. Session Cost: _____. Additional payment arrangements \$_____.

Details of arrangement:

_____ Changes to this fee scale may be made but will be communicated one month prior to the change.

I accept cash, check, and all major credit cards (Visa, MasterCard, Discover, American Express) as methods of payment.

If you cannot make your scheduled appointment, please let me know 24 hours in advance, or you will be charged for the missed appointment.

In addition to teaching sessions, please be aware that you will be charged a fee prorated at the hourly rate for work conducted between sessions. This includes, but is not limited to: phone conversations which exceed 15 minutes in length, filling out forms generated on your behalf, and creating and sending documentation also generated on your behalf such as letters or treatment summaries. You will also be charged \$0.15 cents per page when copying records for release to another provider. Fees for additional requests will be agreed upon prior the creation of any and all documents and/or consultation requests.

By signing below, I am indicating that I have read, understand, and agree to abide by the terms and conditions set forth in this contract.

_____ Client

Printed Name (both names for couples)

_____ Client

Signature (both signatures for couples)

_____ Client

Parent/Guardian Printed Name (If client is under 18 years of age)

_____ Date

_____ Date

_____ Relationship to Client

