



### **Disclosure Statement**

#### **Therapist Information:**

April Pojman, MA, MS, LPC, CHT  
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#### **Clinical Supervisor:**

Arielle Schwartz, PhD  
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#### **Education:**

- Master of Arts in Transpersonal Counseling Psychology, emphasis in Wilderness Therapy; Naropa University, Boulder, CO (May 2013)
- Master of Science in Capacity Building and Community Development; University of Guelph, Ontario, Canada (May 2006)
- Bachelor of Arts in Anthropology; University of Colorado, Boulder, CO (June 1998)

#### **Professional Certifications and Trainings:**

- Natural Processing- Somatic EMDR Levels 1, 2, 3, 4; Denver, CO (May 2018- March 2020)
- Hakomi Couple's Therapy; Hakomi Institute of CA, San Francisco, CA (Nov 2018- March 2019)
- Clinical Supervision I, II, III; Noeticus Counseling Center, Denver, CO (March- Nov 2017)
- Certified Hakomi Therapist (CHT) - Advanced Training; Hakomi Institute, Boulder, CO (Feb- July 2016)
- Hakomi Mindfulness-Centered Somatic Psychotherapy; Hakomi Institute, Boulder, CO (Sept 2013- Apr 2015)
- Synergetic Play Therapy Intensive; Play Therapy Institute of CO, Boulder, CO (March 2015)
- Pragmatic Experiential Therapy for Couples (PET-C); Noeticus Counseling Center, Denver, CO (Sept 2013)
- Eye Movement Desensitization and Reprocessing (EMDR); Maiberger Institute, Boulder, CO (Dec 2012- May 2013)
- Jump Start: Tools for Relationship Success; Noeticus Counseling Center, Denver, CO (Dec 2012)
- Dialectical Behavior Therapy (DBT); Noeticus Counseling Center, Denver, CO (Oct 2012)
- Wilderness First Responder (WFR); NOLS Wilderness Medicine Institute (May 2011-present)
- Trauma Containment and Resolution Level 1 (CAR); Love and Trauma Center, Denver, CO (Jan- Mar 2011)

#### **Professional Memberships and Affiliations:**

American Counseling Association (2010- present)  
EMDRIA (2013- present)



### **Your Rights as a Client**

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Department of Regulatory Agencies (DORA). The State Board of Licensed Professional Counselor Examiners can be reached at 1560 Broadway, Suite 1350 Denver, CO 80202 Phone: 303-894-7800. A 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. 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.

You are entitled to receive information from me 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.

### **Confidentiality**

Generally speaking, the information provided by and to you during therapy sessions is legally confidential and cannot be released without your consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes, as well as other exceptions in Colorado and Federal law. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: <http://www.dora.state.co.us/mental-health/Statute.pdf>.

Relevant information will be shared with others if you disclose child abuse or elder abuse, you are an imminent danger to yourself or others, your records are subpoenaed, or if you sign a release of information giving me permission to exchange information with others for the continuity of your care. If a legal exception arises during therapy, if feasible, you will be informed accordingly. I consult regularly with my supervisor and other colleagues; any information shared within this context is kept confidential. In case of extenuating circumstances such as incapacitation, death, or termination of practice, my clinical supervisor could contact you.

### **Methods and Techniques**

I encourage you to participate fully in the work we do together, to ask questions and be actively involved in the goals and methods of our work together. My approach to psychotherapy draws on nature-based and body-centered philosophies. Additionally, I include creative arts, parts work, and trauma resolution methods such as EMDR and CAR.

I believe that our emotional health is related to the quality of relationship that each of us has with the natural world. This relationship can be developed indoors or outside; while I may suggest an outdoor session, time outside is not required. While every effort will be made to provide for your safety, you understand that unpredictable circumstances that are out of my control (such as weather, uneven ground, insect bites, equipment failures, etc) may occur and that you are responsible for your own safety at all times. Client initials: \_\_\_\_\_

I also believe that the body and mind are inseparable and that by incorporating the body into therapy, healing is accelerated. I am trained in touch and will sometimes use it as a therapeutic intervention; I will always ask your permission before such an intervention is made. Touch is never essential or mandatory and will not be initiated or continued if you are at all uncomfortable with it. I ask that you exercise your boundaries in expressing if touch does not feel okay with you. Client initials: \_\_\_\_\_



### **Fees and Payment**

A 50 minute psychotherapy appointment will be charged at \$130, longer sessions are pro-rated. Payment is due in the form of cash, check, money order or credit card at the end of each session. You may not have any more than two unpaid sessions accumulated at any one time. A \$25 fee will be charged on returned checks. Since I have reserved your appointment time for you, I have a 48 hour cancellation policy and will charge the amount of the full session for appointments not cancelled within this time, unless there is a medical emergency. Client initials: \_\_\_\_\_

Voicemails, Text or Email contact between office visits should be brief and primarily limited to scheduling. Ethically, I cannot connect with you on social media; however you may follow my business Facebook page or YouTube channel if you would like. I am available by telephone at (303) 997-2267 or email at april@lions-breath.com. I will make every effort to return your call or email in a timely manner. There are times when I may be out of town or away from phone or email contact. I do not charge for phone conversations of 15 minutes or less. I charge a pro-rated fee for calls exceeding 15 minutes. Reports requested with your permission for physicians, insurance companies, etc will also be charged to you on a pro-rated basis.

It is not within my scope of practice or the scope of our agreement to provide court evaluations, depositions or expert testimony. By signing below, you agree not to subpoena me or request my involvement in divorce, custody or other litigation.

### **Ending Therapy**

I believe that therapy is most effective when it is co-created by client and therapist and you are an active participant in your healing and growth. Our work together will be helpful to you when communication is open, clear and sensitive, which involves a commitment to trying to address issues as they arise, difficult though this may be. If you have questions, concerns or dissatisfaction, I encourage you to communicate with me so that we can address them together.

I support your decision to terminate therapy at any time. If you discontinue therapy without formally telling me, I may call or email you to check in. Intentional transitions and closings can be extremely informative and therapeutic. I encourage you to advise me of your decision to terminate therapy in advance so that we may work towards a satisfying conclusion. If you are unable to provide advance notice, I will still do my best to assist you in an intentional closing.

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

Client's name: \_\_\_\_\_ Date: \_\_\_\_\_

Client's signature: \_\_\_\_\_

Therapist's signature \_\_\_\_\_ Date: \_\_\_\_\_