Client Intake Form

Participant Information:

Child's Full Name: _____

Date of Birth: _____

Preferred Name/Nickname: _____

Parent/Guardian Name(s): _____

Phone Number: _____

Email Address: _____

Home Address: _____

Emergency Contact:

Name: _____

Relationship to Child: _____

Phone Number: _____

Medical & Behavioral Information:

Does your child have any allergies? (food, environmental, etc.)
☐ No
☐ Yes (please specify): _____

Does your child have any medical conditions or take medications?
☐ No
☐ Yes (please specify): _____

Does your child have any special needs, sensory sensitivities, or behavioral concerns we should be aware of?

☐ No

☐ Yes (please describe): _____

Is your child currently receiving therapy or counseling?

☐ No

☐ Yes (please describe): _____

Program Information:

What do you hope your child gains from this program? _____

_____

Does your child have any prior experience with art or group activities? _____

Is there anything else you'd like us to know to support your child? _____

_____

Permissions & Agreements:

I understand that my child will be participating in art-based activities and may get messy.

I give permission for my child to use all provided art materials and supplies.

I acknowledge that Creative Path Counseling LLC is not responsible for any lost or damaged personal items.

I confirm that all information provided is accurate and up to date.

Parent/Guardian Signature: _____ Date: _____

Mandatory Disclosure & Informed Consent Form

Creative Path Counseling LLC
Phone: 970-814-4286
Email: creativepathcounselingllc@gmail.com

Location of services:
Studio Vino
6055 Sky Pond Dr
Unit P172
Loveland, CO 80538

Therapist Information

Therapist Name: Nicole Simpson, MS, LPC

Credentials: Bachelor's Degree in Human Development from Metropolitan State College of Denver; Master's Degree in Clinical Mental Health Counseling from Walden University

License Number: LPC.0015828

In Colorado, the licensing board for Licensed Professional Counselors (LPCs) is the Colorado State Board of Licensed Professional Counselor Examiners

This board operates under the Colorado Department of Regulatory Agencies (DORA), Division of Professions and Occupations.

Contact Information:
- Website: DORA - LPC Board
- Address: 1560 Broadway, Suite 1350, Denver, CO 80202
- Phone: (303) 894-7800
- Email: DORA_DPO_Licensing@state.co.us

As to the regulatory requirements applicable to mental health professionals:

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.

A Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours, and obtain 1,000 hours of supervised experience.

A Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.

A Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete additional required training hours, and obtain 2,000 hours of supervised experience.

A Licensed Addiction Counselor must have a clinical master’s degree and meet the CAC III requirements.

A Licensed Social Worker must hold a master’s degree in social work.

A Psychologist Candidate, Marriage and Family Therapist Candidate, and Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.

A Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, and Licensed Professional Counselor must hold a master’s degree in their profession and have two years of post-master's supervision.

A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.

Nature of Services

Creative Path Counseling LLC provides both traditional talk therapy and art therapy for children, adolescents, and adults. Art therapy integrates creative expression with therapeutic techniques to support therapeutic goals.

Confidentiality & Limits to Confidentiality

Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client’s 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. Examples include:

Mental health professionals are required to report suspected child abuse to authorities.

If a client is at risk of harming themselves or others.

If records are subpoenaed by a court of law.

If the client or legal guardian provides written consent for information to be shared.

If a legal exception arises during therapy, and if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at:www.dora.colorado.gov/professions/registeredpsychotherapists

Parental/Guardian Involvement

For minors, parents or legal guardians have the right to access their child’s records; however, it is often beneficial to allow children privacy in therapy to encourage open communication. A summary of progress can be provided upon request, but specific details of sessions will remain confidential unless a concern for safety arises.

Risks & Benefits of Therapy

Engaging in therapy can be beneficial, leading to increased self-awareness, emotional regulation, and coping skills. However, it may also bring up difficult emotions, and progress is not always linear. Participation in the

'I Am a Masterpiece' program involves guided art-making and discussions, which may lead to emotional insights. Clients should feel free to share any concerns throughout the process.

Consent & Agreement

By signing below, I acknowledge that I have read and understood this disclosure and consent to services provided by Creative Path Counseling LLC. I understand the limitations of confidentiality, the nature of the services, and my rights as a participant or legal guardian.

Participant's Name: _____

Parent/Guardian Name (if applicable): _____

Parent/Guardian Signature: _____ Date: _____

Therapist's Signature: _____ Date: _____

If you have any questions, please contact Nicole Simpson at 970-814-4286 or creativepathcounselingllc@gmail.com.

Release of Information (ROI) Form

Creative Path Counseling LLC
Phone: 970-814-4286
Email: creativepathcounselingllc@gmail.com

Location of services:
Studio Vino
6055 Sky Pond Dr
Unit P172
Loveland, CO 80538

Authorization for the Release of Confidential Information

I, _____ [Client/Parent/Guardian Name], hereby authorize Creative Path Counseling LLC and Nicole Simpson , MS, LPC to:

☐ Obtain information from ☐ Release information to ☐ Exchange information with

Name of Individual/Organization: _____

Relationship to Client:_____

Phone Number: _____

Address: _____

Purpose of Disclosure

The purpose of this disclosure is to: (Check all that apply)
☐ Assist in coordination of treatment ☐ Support educational planning
☐ Communicate with healthcare providers ☐ Other (please specify): _____

Information to be Disclosed

I authorize the release of the following information: (Check all that apply)
☐ Attendance and participation in therapy sessions ☐ Treatment goals and progress
☐ Diagnosis and recommendations ☐ Treatment summary
☐ Other (please specify): _____

Method of Disclosure

Information may be shared via: (Check all that apply)
☐ Phone consultation ☐ Written reports
☐ Email (encrypted, if applicable) ☐ In-person meetings

Confidentiality & Revocation Rights

I understand that my records are protected under HIPAA and cannot be disclosed without my written consent unless required by law.

I understand that I may revoke this authorization at any time by providing written notice to Creative Path Counseling LLC, except to the extent that action has already been taken based on this authorization.

This release will remain in effect until _____or one year from the date of signing unless revoked earlier.

Acknowledgment & Signature

By signing below, I acknowledge that I have read and understand this form, and I authorize the disclosure of my or my child's information as indicated above.

Client's Name: _____ Date of Birth: _____

Parent/Guardian Name (if applicable): _____

Parent/Guardian Signature: _____Date: _____

Therapist's Signature: _____Date: _____

If you have any questions, please contact Nicole Simpson at 970-814-4286 or creativepathcounselingllc@gmail.com.

Emergency Medical Release Form

Child's Full Name: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Primary Phone Number: _____ Secondary Phone Number: _____

Home Address: _____

Emergency Contact (if parent/guardian cannot be reached):

Name: _____ Relationship to Child: _____

Phone Number: _____

Medical Information:

Does your child have any allergies (food, medication, environmental)?

☐ No
☐ Yes (please specify): _____

Does your child have any chronic medical conditions (asthma, diabetes, epilepsy, etc.)?

☐ No
☐ Yes (please specify): _____

Is your child currently taking any medications?

☐ No
☐ Yes (please specify): _____

Primary Care Physician: _____

Physician's Phone Number: _____

Preferred Hospital: _____

Consent for Medical Treatment:

I, the undersigned parent/guardian of the above-named child, authorize Creative Path Counseling LLC and its staff to seek and obtain emergency medical care for my child in the event of an injury, illness, or other emergency while participating in the art therapy programs. I understand that every effort will be made to contact me or my emergency contact before medical action is taken.

I accept financial responsibility for any medical treatment provided to my child and release Creative Path Counseling LLC, its staff, and affiliates from any liability arising from emergency medical care.

Parent/Guardian Signature: _____ Date: _____

Media/Photo Release Form

Child's Full Name: _____ Parent/Guardian Name: _____

Phone Number: _____ Email Address: _____

Consent for Photography and Media Use

If I consent, I, the undersigned parent/guardian, give permission for Creative Path Counseling LLC to take photographs and/or videos of my child while participating in the art therapy program. I understand that these images may be used in the following ways:

- Program promotion and marketing (e.g., flyers, brochures, website, and social media)
- Educational materials and presentations
- Other promotional purposes related to Creative Path Counseling LLC

If I consent, I understand that my child's name will not be used in any promotional materials. I release Creative Path Counseling LLC, Studio Vino, and its representatives from any claims related to the use of these images.

☐ Yes, I give permission for my child's photo/video to be used as described above.
☐ No, I do not give permission for my child's photo/video to be used.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____Date: _____

Confidentiality & Consent Form

Child's Full Name: _____ Parent/Guardian Name: _____

Phone Number: _____ Email Address: _____

Confidentiality Agreement

Creative Path Counseling LLC values the privacy of all participants in our art therapy programs. To foster a safe and supportive environment, we adhere to the following confidentiality policies:

Information shared by participants in the program is private and will not be disclosed to others outside of the group, except in the cases listed below.

Creative Path Counseling LLC will not share personal information, artwork, or discussions without prior consent, except in the following situations:

- If there is suspected child abuse or neglect.
- If there is a risk of harm to the participant or others.
- If disclosure is required by law.

Consent for Participation

By signing this form, I acknowledge and agree that:

- I understand the confidentiality policies outlined above.
- I give permission for my child to participate in the art therapy program.
- I understand that art therapy is an expressive form of therapy that allows for self-exploration and emotional growth.

Acknowledgment & Signature

I have read and understand the confidentiality and consent policies of Creative Path Counseling LLC. I agree to these terms and allow my child to participate.

Parent/Guardian Signature: _____Date: _____

Parent Policy & Waiver

Drop-Off and Pick-Up Policies:

- Parents/guardians must drop off and pick up their child promptly at the scheduled times.
- Only authorized individuals listed on the registration form may pick up the child.

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Behavior Expectations:

- All participants are expected to be respectful to peers, staff, and materials.
- Disruptive or harmful behavior may result in dismissal from the program.

Emergency Procedures:

- In case of illness or injury, staff will contact the parent/guardian immediately.
- If emergency medical care is needed, 911 will be called, and the child will be transported to the nearest hospital. Parents are responsible for any medical expenses incurred.

Cancellation & Refund Policy:

- Cancellations must be made at least 7 days before the program start date for a full refund. Within 7 days of the program refund will be 50%. No refunds will be issued after the program has started.
- If the program is canceled due to unforeseen circumstances, a full refund will be provided.

Liability Waiver:

I, the undersigned parent/guardian, acknowledge and agree to the following:

My child has permission to participate in the art therapy program provided by Creative Path Counseling LLC at Studio Vino.

I release and hold harmless Creative Path Counseling LLC, and Studio Vino from any liability for injuries, damages, or losses that may occur.

Parent/Guardian Signature: _____ Date: _____

Child's Name: _____ Emergency Contact: _____

Group Agreement & Rules Form

Welcome to Creative Path Counseling's Art Therapy Program with Studio Vino!

To ensure a safe, respectful, and enjoyable experience for everyone, we ask all participants to follow these group agreements and rules.

1. **Respect & Kindness**

- Treat everyone with kindness and respect.
- Listen when others are speaking and avoid interrupting.
- Use positive and encouraging words.

2. **Participation & Effort**

- Try your best and be open to new experiences.
- It's okay to make mistakes—mistakes help us grow!
- Everyone's art is unique, and there is no "wrong" way to create.

3. **Personal Space & Property**

- Keep hands and art supplies to yourself unless sharing is encouraged.
- Handle all materials with care and clean up after yourself when instructed.
- Respect each other's artwork and ideas.

4. **Confidentiality & Trust**

- What we share in this group stays in the group (unless there is a safety concern).
- Be supportive of others' feelings and experiences.
- No teasing, name-calling, or making fun of anyone's work or thoughts.

5. **Snack & Water Policy**

- Light snacks and water will be provided.
- Participants may bring a personal water bottle.
- Please inform us of any food allergies in advance.

6. **Safety & Responsibility**

- Follow all instructions given by the facilitator.
- If you need a break, let a staff member know.
- If there is an issue, ask for help—we are here to support you!

By signing below, both the child and parent/guardian agree to follow these rules and help create a positive and supportive space for all participants.

Participant's Name: _____

Participant's Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Supply & Materials Consent Form

Child's Full Name: _____ Parent/Guardian Name: _____

Phone Number: _____ Email Address: _____

Use of Art Supplies & Materials

The 'I Am a Masterpiece' art therapy program involves the use of various art supplies to encourage creativity and self-expression. These materials may include, but are not limited to:

- Acrylic and watercolor paints
- Paintbrushes and sponges
- Colored pencils, markers and crayons
- Construction paper, cardstock and canvas
- Glue, scissors, and collage materials

I understand that:

- My child will have access to these materials under supervision.
- Some materials may cause minor stains or messes, and I will ensure my child wears appropriate clothing.
- If my child has any known allergies or sensitivities to specific materials, I will inform the program staff in advance.
- While facilitators provide guidance on proper use, accidents can happen, and Creative Path Counseling LLC and Studio Vino are not responsible for damage to personal belongings.

Acknowledgment & Consent

By signing below, I acknowledge that I have read and understood this agreement. I give permission for my child to use the provided art supplies and materials in the program.

Parent/Guardian Signature: _____Date: _____

Program Feedback Form

Thank you for participating in Creative Path Counseling's art therapy program! Your feedback helps us improve and continue providing meaningful and high-quality experiences. Please take a moment to complete this form.

Participant's Name (Optional): _____

Parent/Guardian Name (Optional): _____

Date: _____

1. **Overall Experience**

How would you rate your child's overall experience in the program?

☐ Excellent
☐ Good
☐ Neutral
☐ Needs Improvement
☐ Poor

2. **Program Content**

Did the activities help your child express themselves creatively?

☐ Yes, very much
☐ Somewhat
☐ Not really
☐ No, not at all

What was your child's favorite activity and why? _____

What was your child's least favorite activity and why? _____

3. **Facilitators & Environment**

Did your child feel comfortable and supported by the facilitators?

☐ Yes
☐ No (please explain): _____

Was the space welcoming and conducive to creativity?

☐ Yes
☐ No (please explain): _____

4. **Communication & Organization**

Did you feel well-informed about the program schedule, policies, and expectations?

☐ Yes
☐ No (please explain): _____

How would you rate the overall organization of the program?

☐ Excellent
☐ Good
☐ Neutral
☐ Needs Improvement
☐ Poor

5. **Suggestions & Additional Comments**

What improvements would you suggest for future sessions? _____

_____

Any additional comments or feedback? _____

_____

Thank you for your valuable feedback! We appreciate your time and participation.