Karlynn Fulmer Therapy, LLC

981 Cowen Drive Suite B8 Carbondale

Client Registration Form

Name Date of Birth Age

Home Address City State Zip Code

Phone Number

Place of Employment Email Address

Marital Status For how long? Permission to text?

How did you hear about me?

Current Medications:

Primary Care Physician's Name

Name of Person to Notify in Emergency Relationship to Client

Emergency Contact Phone Number

Disclosure Statement

(Revised 7/21/2026)

Karlynn Fulmer, LPCC
981 Cowen Drive B8, Carbondale, CO

Mailing address:
444 S 3rd St. Carbondale, CO 81623
970-404-2933
karlynnfulmer@gmail.com

Welcome

Welcome to Karlynn Fulmer Therapy. Choosing to begin therapy is an important step, and I appreciate the opportunity to be part of your journey. My goal is to provide a safe, supportive, and collaborative environment where you feel respected, heard, and empowered to create meaningful change.

This Professional Disclosure Statement is provided in accordance with the Colorado Mental Health Practice Act and outlines my qualifications, therapeutic approach, your rights as a client, and important information regarding counseling services

Professional Qualifications

Education:

MA Clinical Mental Health Counseling, Walden University, Minneapolis, MN (May 2026)
MA School Counseling, Walden University, Minneapolis, MN (May 2026)
BA Psychology, Minor in Counseling, University of South Carolina, Columbia, SC (May 2014)

Credential

Licensed Professional Counselor Candidate, State of Colorado, #LPCC.0024780
Completed 2000 internship hours with Jaywalker Lodge and A Way Out (2025)

A Licensed Professional Counselor Candidate has completed a qualifying graduate degree in professional counseling and is working toward independent licensure while practicing under the supervision of a board-approved Licensed Professional Counselor.

Clinical Supervision

As a Licensed Professional Counselor Candidate, I practice under the clinical supervision of:

Kimberly Reil, LPC, LAC
Licensed Professional Counselor
Colorado License No. **LPC.0012488**

Licensed Addiction Counselor
Colorado License No. **ACD.0001136**

As part of my professional development and commitment to providing quality care, I consult with my supervisor regarding client care when clinically appropriate. Client confidentiality is maintained during supervision, and identifying information is shared only as necessary and in accordance with applicable privacy laws.

Areas of Practice

I provide individual psychotherapy for children, adolescents, and adults.

Areas of focus include:

- Trauma and PTSD
- Anxiety
- Depression
- Attachment and relationship concerns
- Substance use and recovery
- Mood disorders
- Life transitions
- Stress management
- Self-esteem
- Family and interpersonal concerns

Therapeutic Approach

I believe healing occurs through safe, authentic relationships and that every person has the capacity for growth and change.

My approach is trauma-informed, person-centered, collaborative, and strengths-based. Therapy is individualized to meet your unique needs and goals and may incorporate interventions from:

- Internal Family Systems (IFS)
- Cognitive Behavioral Therapy (CBT)
- Motivational Interviewing (MI)
- Acceptance and Commitment Therapy (ACT)
- Mindfulness-based interventions
- Attachment-based therapy
- Other evidence-based approaches as appropriate

Client Rights

As a client, you have the right to:

- Receive information about my qualifications, therapeutic approach, fees, and office policies.
- Participate in developing your treatment goals.
- Ask questions at any time during treatment.
- Seek a second opinion from another mental health professional.
- Decline or discontinue treatment at any time.

While therapy can be highly beneficial, no specific outcomes or guarantees can be promised.

Confidentiality

Your privacy is extremely important. Information discussed during counseling is confidential and will not be released without your written authorization except as required or permitted by law.

Exceptions to confidentiality may include, but are not limited to:

- Suspected abuse or neglect of a child.
- Suspected abuse, neglect, or exploitation of an at-risk adult when required by law.
- Serious and imminent risk of harm to yourself or another person.
- Court orders or other legal requirements.
- Other circumstances permitted or required under Colorado or federal law.

Whenever practical, I will discuss any necessary disclosure with you before confidential information is released.

Working with Minors

When providing counseling services to children or adolescents, I strive to create a trusting therapeutic relationship while recognizing the legal rights and responsibilities of parents or legal guardians.

Parents or legal guardians are generally involved in treatment planning and may receive updates regarding treatment goals and overall progress. The content of counseling sessions will generally remain confidential unless disclosure is necessary to protect the safety of the client or another person or is otherwise required by law.

Confidentiality expectations will be discussed during the initial session with both the minor and the parent or legal guardian.

Professional Boundaries and Regulation

The counseling relationship is a professional relationship built on trust, respect, and ethical responsibility.

Professional ethics prohibit relationships that could impair professional judgment or exploit the therapeutic relationship. This includes business, financial, social, or sexual relationships with current clients.

Sexual intimacy between a therapist and a current client is unethical and prohibited.

The practice of professional counseling and psychotherapy in Colorado is regulated by the **Colorado Department of Regulatory Agencies (DORA), Division of Professions and Occupations**.

If you have concerns regarding my professional conduct, you may contact:

Colorado Department of Regulatory Agencies
Division of Professions and Occupations
1560 Broadway, Suite 1350
Denver, CO 80202

Phone: (303) 894-7800

I also encourage you to discuss any concerns directly with me whenever you feel comfortable doing so. Open communication often helps resolve questions and supports a positive therapeutic relationship.

I have read above the information on Kimberly Reil, LPC LAC and have had the opportunity to ask any questions about her and/or my counseling program. I understand my rights as a client or as the client's responsible party.

Client Signature/Responsible Party Signature Date

Counseling Services Agreement

It is agreed that any disputes or modifications of this agreement shall be negotiated directly between the parties. If negotiations are not satisfactory, the parties agree to

mediate any differences with a mutually acceptable third party mediator.

1. THE COUNSELOR is Karlynn Fulmer, LPCC, Licensed Professional Counselor Candidate in the state of Colorado, #LPC. 0024780

2. COUNSELING at Karlynn Fulmer Therapy, LLC is confidential and uses a variety of evidence based modalities to best fit the individual needs of each client.

3. FEES AND INSURANCE POLICY: Client fees are determined at the initial intake interview. Full payment is due at each session. Clients understand that Karlynn Fulmer, LPCC is not listed under any insurance boards other than some EAPs. If a client believes services rendered with Karlynn Fulmer Therapy, LLC are covered on their insurance policy it is the client's responsibility to bill their own insurance. Clients are fully responsible for the payment of all fees. The parent(s) or guardian(s) of a minor are responsible for full payment.
The fee for a 50-minute session (private pay client) is $150.00. Initial to confirm _____

4. CANCELLATION POLICY: Karlynn Fulmer Therapy, LLC asks that all clients maintain responsibility regarding appointment times. Appointments are scheduled with a frequency determined to be most beneficial. The time scheduled for your session is set-aside specifically for you. Please understand that payment of your bill is part of your treatment. If you miss a session without canceling, or if you cancel with less than 24 hour notice, you will be charged in full for the missed time. If you are late for a session, you will be seen for the remainder of your scheduled time and charged the full rate. Full payment is due at the time of service and must be in the form of either cash, check, or credit card. Extended payment plans and sliding scales for hardship situations are handled on an individual basis only.

5. EMERGENCY SERVICES: Counseling services with Karlynn Fulmer, LPCC is **NOT** an emergency service. If you have a mental health emergency, please call your local hospital, emergency services (911), Mind Springs Crisis Line (1-888-2074004), or Aspen Hope Center (970-925-5858 X1).

I have freely elected the counseling/treatment program offered in good faith and without duress. I agree to defend, indemnify and hold Karlynn Fulmer Therapy, LLC, from and against all liability, loss or damage.

Client Signature/Responsible Party Signature Date

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