

### **Regulation of Psychotherapists**

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Division of Professions and Occupations. The regulatory boards can be reached at 1560 Broadway, Suite 1350, Denver, CO 80202, (303) 894-7800.

The regulatory requirements for mental health professionals provide that a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-masters supervision. A Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.

### **Client Rights**

(1) You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy, and my fee. Please ask if you would like to receive this information; (2) You can seek a second opinion from another therapist or terminate therapy at any time; (3) In a professional relationship (such as ours) sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Board that licenses, certifies, or registers the therapist.

### **Confidentiality**

Generally speaking, information provided by and to a client in a professional relationship with a psychotherapist is legally confidential, and the therapist cannot disclose the information without the client's consent. There are several exceptions to confidentiality, which include: (1) I am required to report any suspected incident of child abuse or neglect to law enforcement; (2) I am required to report any threat of imminent physical harm by a client to law enforcement and to the person(s) threatened; (3) I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or to others, or who is gravely disabled, as a result of a mental disorder; (4) I am required to report any suspected threat to national security to federal officials; (5) I am required to report abuse of a senior, who is 70 years of age or older, which I believe has probably occurred, including institutional neglect, physical injury, financial exploitation, or unreasonable restraint; and (6) I may be required by Court Order to disclose treatment information. When I am concerned about a client's safety, it is my policy to request a Welfare Check through local law enforcement. In doing so, I may disclose to law enforcement officers information concerning my concerns. By signing this Disclosure Statement and agreeing to treat with me, you consent to this practice, if it should become necessary. I agree not to record our sessions without your written consent; and you agree not to tape record a session or a conversation with me without my written consent. In addition, I regularly meet with an EMDR consultant and other therapists who serve as consultants for the purpose of case review. All consultants are required to follow the same standards of confidentiality as outlined above.

### **Education/Training/Credentials**

I hold a Master of Science (MS) Degree in Community Counseling from National-Louis University in Lisle, IL and a Master's Degree in Education (M.Ed) from Kent State University in Kent, OH. I am a National Certified Counselor (NCC #316724) and also a Licensed Professional Counselor (LPC.0013461) in the state of Colorado. I have experience working in not-for-profit organizations, community mental health agencies, partial hospitalization programs, and college/university settings.

### **Theoretical Perspective**

I view therapy as a collaborative process with an emphasis on a warm, compassionate, non-judgmental therapeutic relationship. I am a trauma-informed, EMDR trained therapist grounded in a humanistic approach to therapy. I work from a person-centered, strengths-based perspective and am passionate about supporting clients on their journey inward to discover and explore the unconscious thoughts, beliefs and strategies that often drive behaviors. I work with clients through a mindfulness lens to help cultivate present-moment focus and self-compassion. My techniques are depth-oriented and vary depending on the needs of the client. I draw from mindfulness-based therapies, Acceptance and Commitment Therapy (ACT), Existential, Gestalt/Experiential, and the Enneagram personality system, to name a few. I believe in the uniqueness of each individual and will strive to understand the ways in which you may be impacted by cultural and societal pressures, and I welcome all ethnic and cultural backgrounds, religious and spiritual beliefs, and sexual orientations. I will support you in increasing your self-awareness and developing the skills needed to create positive change in your life.

### **Services, Fees and Payment**

Payment for counseling services is due at the time of session unless other arrangements have been made. My fee is \$100 per 60-minute session and \$135 per 90-minute session, and payment can be made by cash, check or credit/debit card. Services can be made available at an adjusted rate on a limited basis. In these cases, payment will be negotiated during the consultation or intake session.

(over)

**Cancellations**

Since I have reserved your appointment time exclusively for you, it is my policy to receive at least a 24 hour cancellation notice or you will be charged for the appointment. I will negotiate exceptions for emergencies such as severe weather or sudden illness on an individual, per time basis.

**Telephone Calls and Emergencies**

I am available to return business calls between 9am and 5pm, Monday through Friday. If I am out of town I will give you the name and phone number of the associate covering for me while I am gone. I do not provide 24 hour emergency coverage. If you have an emergency please call Colorado Crisis Services at 1-844-493-8255 or call 911. There is no charge for brief phone calls. Calls lasting longer than 10 minutes will be charged on a pro-rated basis of my hourly fee. My policy for written reports requested by insurance companies, physicians, etc. will also be charged at my hourly rate unless very brief.

**Disclosure Regarding Divorce and Custody Litigation**

If you are involved in divorce or custody litigation, my role as a therapist is not to make recommendations to the court concerning custody or parenting issues. By signing this Disclosure Statement, you agree not to subpoena me to court for testimony or for disclosure of treatment information in such litigation; and you agree not to request that I write any reports to the court or to your attorney, making recommendations concerning custody. The court can appoint professionals, who have no prior relationship with family members, to conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family’s children.

**Informed Consent for Treatment**

I have read the preceding information, and it has been presented to me verbally. I understand the disclosures that have been made to me. I also acknowledge that I have received a copy of this Disclosure Statement. I have also received the HIPAA Confidentiality Information Regarding Psychotherapy and Privacy Notification attachments. I understand my rights and responsibilities as a client and I have had an opportunity to ask questions.

\_\_\_\_\_  
Client Signature or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

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