



## Disclosure Statement

### Degrees and Certifications:

MA, Counseling – DENVER SEMINARY (CACREP Accredited Program)

MA, English Literature – UNIVERSITY OF COLORADO

BA, English and American Literature – HARVARD UNIVERSITY

Eye Movement Desensitization and Reprocessing (EMDR) Trained (Level II)

National Certified Counselor (NCC)

Prepare and Enrich Marital and Pre-Marital Counseling Certification

**Psychotherapist Oversight Agency:** The Colorado Department of Regulatory Agencies regulates the practice of licensed and unlicensed individuals who practice psychotherapy. Questions or complaints regarding the practice of mental health may be directed to the Department of Regulatory Agencies, Division of Registrations, Mental Health Section, 1560 Broadway, Suite 1350, Denver, CO 80202, 303-894-7766.

**Therapeutic Methods:** You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. Please ask me if you would like to receive this information.

**Second Opinion or Termination:** You may seek a second opinion from another therapist or terminate therapy at any time. When you are ready to leave, I would like to help you to leave me well. Several weeks advance notice allows me to provide you with helpful referrals and plan for closure to our process. If this is not possible, I will still do my best to help you leave well.

**No Sexual Intimacy:** In a therapist-client relationship, sexual intimacy is never appropriate. If it occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section at the address listed above.

**Confidentiality:** Generally speaking, the information provided by and to the client in a professional relationship with a psychotherapist is legally confidential and the therapist cannot disclose the information without the client's consent.

- **Legal Exceptions:** There are several exceptions to this general rule of confidentiality that are required by law.
  - a) I am required to report to the County Child Protection Services or law enforcement any information disclosed to me about suspected incidents of current or past child abuse or neglect. I will also report suspected abuse or neglect of dependent elderly persons.
  - b) If clients become a danger to themselves or others, or are incapable of self-care, I am required to report threats of imminent physical harm by a client to law enforcement and to the person(s) threatened in order to arrange for appropriate care and protection for the client and other involved persons.
  - c) I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or others, or who is gravely disabled as a result of a mental disorder.
  - d) I am required to report any suspected threat to national security or to federal officials.
  - e) I may be required to disclose treatment information when directly ordered by a court of law, or in the case of delinquency or criminal proceedings (except as provided in C.R.S. § 13-90-107).

I will inform you of any other legal exceptions to confidentiality if they arise in therapy, or you may read about them in Colorado Revised Statute § 12-43-218.

- **Minor Clients:** When I consult with parents regarding children and adolescent clients under age 18, specific content of the therapy sessions will be held in confidence unless client welfare requires that parents have

access to such information. In most cases, I will arrange joint meetings between minor clients and their parents as part of the therapy process.

- **Couple Clients:** In couples counseling, information disclosed by one partner when the other partner is not present will not be kept confidential from the other partner. Information disclosed in couples therapy will not be released to other parties without signed consent from both partners.
- **Professional Consultation:** To assure the quality of your care, I periodically consult with an experienced colleague, Carol Hathaway-Clark, PhD (303-440-0295), regarding your treatment. She is bound by the legal confidentiality standards described above concerning the information you disclose in therapy. If I consult with other colleagues or field experts regarding issues pertinent to your therapy, your circumstances will be generalized and all identifying information will be concealed.
- **Billing Information:** If you choose to pay by credit card, or if I charge your credit card for a missed appointment or a phone consultation longer than 10 minutes, the amount, date of charge, and my business name will appear on your credit report, producing a record of services visible to your credit card company. No specific content of our sessions (e.g. diagnosis, treatment plan, session notes) will be disclosed to billing or credit agencies without your signed consent.
- **Public Encounters:** To protect your confidentiality if we happen to see each other in public, I will follow your lead. If the situation would affect your confidentiality and you choose not to greet me, I will likewise conceal the fact that I know you and will certainly not be offended. If you choose to greet me, I will respond. If others ask how you know me, I will let you answer.

**Session Length:** After your initial 20-minute complementary phone consultation, counseling sessions will be 50 minutes in length. If you are late, you are welcome to receive whatever time remains of your appointment as initially scheduled. If an emergency prevents me from beginning our session on time, I will prolong our initially scheduled time or reschedule with you to ensure that you receive the full scheduled time.

**Fees:** A 50 minute session is \$90. There is no charge for session cancellations or schedule changes as long as they are made 24 hours in advance of the originally scheduled time. Sessions that are missed or canceled less than 24 hours in advance will be charged to your credit card at the regular rate of \$90. I will be happy to provide information to physicians, attorneys, courts, etc. at your request. My fee for these professional services, consultations, reports, and letters is \$120 per hour.

**Payment Procedures:** Payments may be made with cash or a personal check during each session, or you may request that I charge your credit card. If a personal check is returned, a \$31 service fee will be added to the original amount of the check and charged to your credit card. These direct billing methods safeguard our relationship by allowing our interactions to focus on progress toward your goals, rather than on payment logistics and delays. They also allow me to avoid disclosing your billing information to administrative assistants, collection agencies, or independent billing companies aside from your personal credit card company. I will safeguard your credit card information by storing all consent forms and identifying information in a locked cabinet and using up-to-date encryption programs in all online credit card billing procedures.

**Phone Policies:** To contact me, please leave a message on my confidential voice mail at 303-931-4284 and I will return calls within 24 hours. If you do not hear from me within that time, please call me again, inform me of the delay, and I will return your call as quickly as possible. If an emergency arises that requires immediate response and I am away from my phone, please call 911 or contact the community health center for your county, listed below:

Boulder County 303-447-1665 – 24-hour crisis line  
Longmont Area 303-678-6200 – 8 AM to 5 PM

Denver County 303-436-6266 – 24-hour crisis line

**Vacations:** When I go on vacation, I will provide you with advanced notice so that you can plan for the continuity of your therapy process. If you would like the contact information for an alternate therapist to schedule an appointment in my absence, ask me to help you make arrangements ahead of time with another therapist. If a crisis arises during this time, you may call the alternate therapist, the crisis lines listed above, or 911.

**Spiritual Resources:** Many clients from a variety of cultural and religious backgrounds find that personal and community spiritual resources significantly support their progress toward therapy goals. As part of the initial assessment process, I will ask you about your current spiritual world view and resources and whether you feel that these might assist you in achieving your therapeutic goals. My own spiritual background is in the Christian tradition and if it is important to you to approach your therapy from this perspective please let me know. Regardless of your philosophical and spiritual background and preferences, I will always strive to support you in pursuing the values and resources that you feel will best support your progress in therapy.

**Client Expectations:** There are several things that you can do to increase the effectiveness and efficiency of your therapy process. By attending every session, arriving on time, using the restroom before your appointment, and turning off all electronic equipment, you can remove delays and distractions that get in the way of in-session progress. You may make the most of your time between sessions by completing homework assignments that we agree upon in session; keeping a record of thoughts, dreams, and feelings pertaining to your therapy goals; clearing time in your schedule to process what you are learning; and enlisting the help of other people in your life who can support you in your growth efforts. You may ask me to recommend books, movies, articles, workshops, or other resources that will help your progress in therapy. While my short-term goal is to help you practice the skills you need to attain your goals in the context of a supportive, trustworthy relationship, my long-term goal is to work myself out of a job by helping you develop the relational, emotional, cognitive, physical, spiritual, and vocational resources you need to pursue long-term health and growth without my assistance. The more actively you pursue your own growth goals in and between sessions, the better your progress will be.

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

Client #1 Signature \_\_\_\_\_ Date: \_\_\_\_\_

Client #2 (or Legal Guardian if Client is <18) Signature \_\_\_\_\_ Date: \_\_\_\_\_

Client Name (Printed): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Client Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Client Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

How did you hear about me? (circle one) NetworkTherapy.com Boulder Psychotherapists Directory Web Search  
Newsletter Brochure Acquaintance, name: \_\_\_\_\_ Other: \_\_\_\_\_

Counselor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Intake Questionnaire

Client: \_\_\_\_\_

During our first session together I would like to have a chance to get to know you and hear what kinds of things you would like to focus on during our time together. I will also ask about a few aspects of your life that might not seem directly connected to the topics you bring up in our first session, but that might turn out to be important later on. By answering the questions below, you can help me to make sure I am not missing out on some factors that could significantly help your progress toward your goals.

### Personal Background:

Ethnic/cultural background: \_\_\_\_\_

Current spiritual/religious identification: \_\_\_\_\_

Ever had counseling in the past? \_\_\_\_\_ For? \_\_\_\_\_

Ever received a formal psychological evaluation? \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Currently involved in any legal action? \_\_\_\_\_ Regarding? \_\_\_\_\_

### Living Situation:

Marital status (check all that apply):  Single  Living with a partner  Married

Separated  Divorced  Widowed

Who do you live with and what is each person's relationship to you? \_\_\_\_\_

### Employment:

Employment status (check all that apply):  Full time student  Part time student

Unemployed  Homemaker  Retired/Pensioner  Receiving government assistance

Working less than 30 hours per week  Working 30+ hours per week

Occupation (current or past): \_\_\_\_\_

Approximate annual gross household income: \_\_\_\_\_

Current hobbies/interests: \_\_\_\_\_

### Health:

Current health concerns \_\_\_\_\_

Current medications \_\_\_\_\_

Name, Address, & Phone of current physician and/or additional doctors proscribing medication to you: \_\_\_\_\_

How often do you exercise? \_\_\_\_\_ Date of last medical check-up: \_\_\_\_\_

How many units of alcohol do you have per week (beer/glass of wine/shot): \_\_\_\_\_

Which drugs have you used in the past 6 months? \_\_\_\_\_

Ever think about physically harming yourself or committing suicide? \_\_\_\_\_ Currently? \_\_\_\_\_

Ever think about physically harming other people? \_\_\_\_\_ Currently? \_\_\_\_\_

Do you currently feel threatened or in danger of being physically or emotionally harmed by another person? \_\_\_\_\_

What else might be helpful for me to know?

Which of the above concerns/topics is most important to you right now?

