

DISCLOSURE STATEMENT

Qualifications and Training

I am licensed in the State of Colorado as a Marriage and Family Therapist. I graduated from San Francisco State University with a Master's degree in Counseling Psychology in 1983. I was licensed in California as a Marriage, Family and Child therapist in 1985, and have been licensed continuously since then. To become licensed I completed 3000 hours of supervised counseling experience, much of it in a residential addiction treatment program. In 1993, I completed training in Human Nutrition, through the *National Institute of Nutrition Education* in Aurora, CO, a trade school, and am certified through them as a nutritionist. As a nutritionist, I specialize in emotional well-being, mental health issues and addiction recovery, and have received extensive additional training in these areas. In 2001, I completed an intensive training course in Medical/Dental Hypnotherapy. My specialties as a therapist include working with people with addictions, chronic pain and chronic illness, and those in or from addictive or abusive families. I am highly trained in many different treatment modalities, but my theoretical orientation is primarily psychodynamic.

Regulatory Requirements

The regulatory requirements applicable to mental health professionals are as follows:

- A Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision.
- A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.
- A Licensed Social Worker must hold a masters degree in social work.
- A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.
- A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience.
- A CAC II must complete additional required training hours and 2,000 hours of supervised experience.
- A CAC III must have a bachelors degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience.
- A Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements.
- A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

Your Rights As a Client

The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the state of Colorado. Any questions or complaints regarding the practice of mental health may be directed to the Mental Health Section of the Division of Registrations. The Board of Marriage and Family Therapist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303)894-7800. You are entitled to receive information about methods of therapy, techniques used, the duration of therapy if known, and fee structure. You are also to be informed of the therapist's degrees, credentials, and licenses, upon request. You may seek a second opinion from another

therapist, or terminate therapy at any time. You should know that in a professional relationship, such as psychotherapy, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder. You should understand that information provided by you during therapy is confidential in most circumstances.

Confidentiality

Matters regarding your psychotherapy will be kept confidential except in the following circumstances: you sign a release of information giving permission to release records to a specific individual or agency; known or suspected child abuse; you are an immediate danger to yourself or do others; or in the case of subpoena of records. Occasionally, I consult with other professional colleagues, but clients are never identified by name. Your signature below constitutes you giving permission for such consultations. I am required by law to keep brief notes regarding these sessions. These notes are also kept in complete confidence, except under the circumstances outlined above. If you use insurance, you hereby give permission to me to release dates of service, diagnosis, and brief information regarding your treatment to your insurance company for the sake of payment. ***However, it has come to my attention that when you utilize your insurance benefits, your insurance company may release this information to future employers, and other unknown entities, without your knowledge or permission. I cannot prevent this, and I am not liable if it should happen. Please take any concerns about this happening to your insurance carrier.***

Fees and Payments

My regular fee for psychotherapy, hypnotherapy, or nutritional consultation is \$120/hour. However, I can usually make a few sliding scale arrangements if necessary. Payment is due at the beginning of each session. It is your responsibility to obtain information about your insurance coverage, including your deductible, if any, and your co-pay amount. Co-pays are due at the beginning of each session. I will be happy to give you receipts upon request. Session length is typically 50 minutes with a ten minute cushion at the beginning or end of the session as needed.

Nutritional Consultations

I am a Certified Nutritionist, with a specialty in Mental Health Nutrition. I am not a medical doctor and cannot prescribe medication or diagnose illnesses other than those covered by my LMFT license.

Cancellations

Since I have reserved our appointment time for you, it is my policy to charge for cancellations received with less than 24 hours notice, unless we are able to reschedule the appointment within the same week. Insurance companies generally do not reimburse for missed appointments.

Reports and Phone Calls

There is no charge for brief calls. Calls lasting longer than 10 minutes will be charged to you on a pro-rated basis. *Please be aware that I cannot insure confidentiality during cell phone calls and e-mails, due to the non-private nature of electronic technology.* Reports requested by insurance companies, courts, physicians, etc., will not be released without your permission. Charges for reports may be pro-rated based on your hourly rate, depending upon the circumstances.

My Availability and Voice Messaging

I am available to receive phone calls during most normal business hours. If I am in session, you will get my voice mail box. I pick up my messages frequently. If you have a major emergency, and cannot

reach me, you may need to seek assistance from a mental health center, emergency room, 911 or a crisis call center. When I am out of town, I can provide you with the name and number of a well-qualified colleague as back-up, if you request.

Termination of Therapy

It is always your right to terminate therapy at any time. However, I strongly encourage and invite you to discuss this decision with me. It has been my experience that, particularly in a therapeutic relationship of any length, termination is a very important process. If I see you approaching readiness to leave therapy, I will certainly discuss this with you. I will also be happy to discuss your progress with you at any time. In some cases, you may feel that you are not making the type of progress with me that you expect. Please bring this up with me, and we can discuss options. These options may include you finding a different therapist. If in any case you feel offended, hurt or misunderstood by me, I again encourage and invite you to discuss this with me. The therapeutic relationship is a good place to practice the direct expression of such feelings.

CONSENT FOR TREATMENT

I authorize and request my practitioner to carry out psychological exams, treatment and/or diagnostic procedures, which now, or during the course of my treatment, become advisable. I understand the purpose of these procedures will be explained to me upon my request and that they are subject to my agreement. I also understand that while the course of my treatment is designed to be helpful, my practitioner can make no guarantees about the outcome of my treatment. Further, I understand that the psychotherapeutic process can bring up uncomfortable feelings and reactions such as anxiety, sadness and anger. I understand that this is a normal response to working through unresolved life experiences and that these reactions will be worked on between my practitioner and myself. ***I have read the preceding information; it has also been provided verbally, and I understand my rights as a client/patient.***

Client or Guardian Signature: _____

Client or Guardian Printed Name: _____

Client Address: _____

* Street City State Zip

Day Phone: _____ Evening: _____ DOB: _____

Therapist Signature: _____ Date: _____

Insured Name (If different from client) _____ DOB _____