

## **Counselor and Client Contract and Disclosure Statement**

This document is designed to inform you about my background and to ensure that you understand our professional relationship.

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychotherapist and unlicensed individuals that practice psychotherapy. Both licensed and unlicensed practitioners are monitored under the same state statues. I am currently an unlicensed Counselor and I practice under the guidelines of that agency. I have completed my graduate degree from the University of Phoenix, Lonetree, Colorado campus.

I recommend that you complete a personal information form in which we can offer you some initial impressions of what our work will include and a possible initial treatment plan, if you decide to continue. You should evaluate this information along with your own assessment about whether I am a person with whom you feel comfortable working. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. My counseling methods involve active listening and dialogue, problem-resolution activities along with solution-focused activities to help you focus on your current issues and symptoms while evaluating possible past causes or traumas.

### **Emergency and Referrals**

My counseling practice is an outpatient facility and I do not provide emergency care. If an emergency should arise, you may use your nearest hospital emergency room, contact the police, and call 911 or a local crisis phone line. I can not be available 24 hours a day for emergencies; however I do check my voice mail twice a day. If a need for medication or hospitalization occurs, we can work together to find an appropriate referral for your psychiatric needs.

### **Fees and Payments**

The hourly counseling fee for a 50-minute session is \$75.00. The fee for each session is due and must be paid at each session. Phone calls, other than to schedule or change appointments, will be charged at an hourly rate or a portion thereof.

### **Cancellation Policy**

In the event that a schedule appointment is unable to be kept, I ask that you provide me at least a 24 hour notice. Special considerations may be made for severe weather conditions or sudden illness. If you do not show for a scheduled appointment, the full hourly rate will be charged. Insurance or other payees will not be billed.

The practice of both licensed and unlicensed personal psychotherapy is regulated by the Department of Regulatory Agencies. Questions or complaints may be addressed to:

Department of Regulatory Agencies  
110 State Services Building  
1525 Sherman Street  
Denver, CO 80203

A client is entitled to receive information about the methods of therapy, the techniques used, the duration of the therapy, if known, and the fee structure. The client may seek a second opinion from another therapist or may terminate therapy at any time. In a professional relationship sexual intimacy is never appropriate and should be reported to the grievance board. The information provided by the client during therapy sessions is legally confidential.

### **Records and Confidentiality**

All of our communication becomes part of your clinical record kept on file confidentiality in counseling and psychotherapy is protected by law. Unless you grant me written or verbal permission, I will neither inform anyone that you are receiving counseling nor will I disclose the content of anything communicated in the therapy sessions. Since the content of what you share is legally confidential, I cannot be forced to disclose anything without your consent.

The state of Colorado does mandate, however, that confidentiality is waived if one or more of the following situations arise (see Colorado state statute section 12-43-218, C.R.S.)

- Imminent danger to self or others, such as potential suicide or homicide
- Legal requirements to report child abuse (you or another person have physically or sexually abused or molested a child, an incompetent person, or disabled person). Abuse must be legally reported if the child is less than 18 years old.
- If you disclose that a child, an incompetent person, or disabled person is suffering from neglect.
- Grave disability from mental illness.
- A criminal or delinquency proceeding
- When you provide written authorization to release information.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

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

Date \_\_\_\_\_