

Disclosure Statement

70 West Counseling
5310 Ward Rd Ste 110, Arvada, CO 80002
(720) 898-3208

MANDATORY DISCLOSURE STATEMENT: MENTAL HEALTH PROFESSIONALS

The following disclosure statement is intended to help you gain an understanding of what to expect from your therapist and the counseling services.

SUPERVISION and CONSULTATION

70 West Counseling is both a training and counseling center. As a part of counselor training and to ensure quality care, our sessions will be discussed in individual supervision with a licensed mental health professional and will be discussed in group supervision and consultation with a licensed mental health professional and trainee mental health professionals. Confidentiality extends to both group and individual supervision and consultation. By signing this document, you give permission to 70 West Counseling to use, disclose (and release) your health information for the purpose of such clinical consultation that is regularly conducted.

CONFIDENTIALITY & PRIVACY RIGHTS

In general, the 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. However, there are exceptions in which a psychotherapist is legally required to break confidentiality. Some of these exceptions are provided in the Mental Health Practice Act, and other exceptions will be identified by the psychotherapist should any such situation arise during therapy. Some exceptions to confidentiality include the following:

1. I am required by law 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 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. As a result, I may be required to report this to law enforcement in order to protect the client and/or others.
4. I am required to report any suspected threat to national security to federal officials.
5. I am required by law to report elder abuse or exploitation with "reasonable cause to believe" that an elder 70 years of age or older has been abused or exploited or is at risk of imminent abuse or exploitation.
6. You, as a client, may revoke your consent to treatment, the release of confidential information, or disclosure.

7. Under a court order by a subpoena from a court judge or the Secretary of Health.

8. In response to any legal action taken by you against this agency.

REGULATION OF PSYCHOTHERAPISTS

a). The practice of licensed or unlicensed persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The Board of Licensed Professional Counselors and The Board of Registered Psychotherapists Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

b). All of the following information must be provided to you as the client in order to comply with § 12-245-216(1)(b)(I), C.R.S.:

→ An Unlicensed Psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado, but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.

→ A Certified Addiction Technician (CAT/ACA) must be a high school graduate or equivalent, complete required training hours, 1,000 hours of supervised experience and pass the NAADAC NCAC Level I exam.

→ A Certified Addiction Specialist (CAS/ACC) must have a bachelor's degree in clinical behavioral health, complete required training hours, 3,000 hours of supervised experience (may include hours completed for the CAT/ACA), and pass the NAADAC NCAC Level II exam.

→ A Licensed Addiction Counselor (LAC/ACD) must have a clinical master's degree, meet the CAS/ACC requirements OR complete 2,000 additional hours of supervised experience, and pass the NAADAC MAC exam.

→ A Licensed Social Worker must hold a master's degree from a graduate school of social work and pass an examination in social work.

→ A Licensed Clinical Social Worker (LCSW/CSW) must hold a master's or doctorate degree from a graduate school of social work, practice as a social worker for at least two years, and pass an examination 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 Licensed Marriage and Family Therapist must hold a master's or doctoral degree in marriage and family counseling, have at least two years post-master's or one year post-doctoral practice, and pass an exam in marriage and family therapy.

→ A Licensed Professional Counselor must hold a master's or doctoral degree in professional counseling, have at least two years post-master's or one year postdoctoral practice, and pass an exam in professional counseling.

→ A Licensed Psychologist must hold a doctorate degree in psychology, have one year of post-doctoral supervision, and pass an examination in psychology.

c). As a graduate student in training in a mental health counseling program, your counselor at 70 West Counseling may not fall under any of the above-mentioned categories but is supervised by a professional (Mary Ellen Stipe, MA, LPC) under the regulation of the Mental Health boards of Colorado, and such intern may not necessarily be a Registered Psychotherapist.

CLIENT RIGHTS AND IMPORTANT INFORMATION

a). You are entitled to receive information about the methods of therapy, the duration of therapy, and the clinic's fee structure. Please ask if you would like to receive this information.

b). You are entitled to seek a second opinion from another counselor or clinic or to terminate our therapy relationship at any time.

c). In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

d). Everyone twelve (12) years old or older must sign this disclosure if they are receiving counseling services from a state of Colorado licensed counselor. Both applicable parents or legal guardians with authority to consent to mental health services for their children must sign this disclosure on behalf of their child under the age of twelve (12) years old. This disclosure statement contains the policies and procedures of 70 West Counseling and is HIPAA compliant. No medical or psychotherapeutic information or any other information related to your privacy will be revealed except otherwise previously stated. (Colorado Law and Federal Regulations (§ 12-245-203.5, C.R.S.) and the Health Insurance Portability 2nd Accountability Act (HIPAA), 45 C.F.R. Parts 142, 160, 162, 164).

e). Telephone, text, and/or other electronic means: 70 West Counseling cannot guarantee that those communications will be kept confidential and/or that a third party may access your communications. Please review and fill out 70 West Counseling's Consent for Communication of Protected Health Information by Non-Secure Transmissions. You understand that if you initiate communication via electronic or by telephone means that you have not specifically consented to by the 70 West Counseling Communication of Protected Health Information by Non-Service, you will need to request and amend the consent form.

SESSION STRUCTURE

a). Counseling sessions are generally fifty (50) minutes in length. Family or groups of two or more will require a minimum of ninety (90) minutes.

b). The fees range from \$20.00-\$80.00 per fifty (50) minute session, are based on total household income and counselor's credentials, and should be paid at the time of service rendered. For sessions missed or canceled within less than 24 hours, you will be charged the full fee for that session.

c). The counseling you receive is intended to be short-term and usually will not exceed 30 sessions.

d). Your counselor and supervisor reserve the right to recommend termination of counseling or referral of a client for a higher level of care when appropriate.

e) Sliding Scale Fee Schedule:

With proof of Medicaid, there is no charge to the client. Fees per fifty (50) minute session are as follows: \$20 (for annual household income below \$15,000), \$40 (for annual household income between \$15,001 and \$30,000), \$60 (for annual household income exceeding \$30,001), \$80 (for post-graduate intern).

CLIENT PARTICIPATION

Psychotherapy is an active and creative process between the client and therapist. We want to hear from you about your goals in counseling, how therapy is proceeding, your questions about methods, and your feedback about what is helping and what is not. This makes it possible to clearly tailor the therapy plan to meet your needs and goals. In addition, please contact your counselor and inform them if you wish to terminate. Also, consider giving them feedback if warranted, as this is a learning environment, and our counselors need to know what they can correct for future skills building. As a client of 70 West Counseling, we expect you to arrive promptly for your scheduled appointment. Please contact your counselor if you will be less than 15 minutes late or cancel your session. Sessions will still end at the scheduled time, regardless of when they started. Counselors are obligated to wait up to 15 minutes past the scheduled time. More than two consecutive missed appointments are considered a voluntary forfeit of your regularly scheduled time slot, and client-initiated therapy termination or frequently missed appointments may also result in counseling being discontinued. We encourage you to make arrangements to reschedule your appointment within the same week so that there is more therapeutic continuity. In some cases, your therapist may not have availability that week.

LETTERS FOR COURT-MANDATED COUNSELING

It is required before signing this disclosure, any legal requirement to attend counseling must be stated here with a description of what the court is requiring. Any subsequent court-ordered letters must be requested as soon as they are required, and the clinician and supervisor must approve any requests. The staff at 70 West Counseling do not make any recommendations and can only state what dates counseling was received and if any stated goals were reportedly met by the client. Client records are the property of 70 West Counseling and will not be released by court subpoena. A summary for a specified, limited number of sessions can be obtained, however.

MAINTENANCE OF RECORDS

Client records shall be maintained for seven (7) years if the client is age twelve (12) or older. When the client is a minor (under age twelve), the record shall be retained for a period of seven (7) years commencing either upon the last day of treatment or when the child reaches eighteen (18) years of age, whichever comes later, but in no event shall records be kept for more than twelve (12) years. If a client believes a mental health professional has broken the licensing laws related to record keeping, they must file a complaint with the licensing board within seven (7) years after the person found out or reasonably should have found such record keeping. Client records may not be kept after this period.

METHODS OF COUNSELING

70 West Counseling is a faith-based counseling service, which means the clinicians selected have traditional Christian beliefs. We respect your right to a non-faith-based counseling perspective. However, because each student or clinician is a Christian, they may use their personal experience as a reference for conversation. Also, if you agree, other biblically based counseling methods may be offered to you if they seem appropriate, but you may decline their use. Some groups are also led from a Christian perspective, and while you reserve the right not to participate in such discussion, be aware of this Christian inclusion.

EMERGENCY PROCEDURES

70 West Counseling does NOT provide 24-hour emergency phone coverage. In case of emergency (e.g., suicidal/homicidal ideation), please call 911, the closest hospital emergency room, or the national crisis hotline at 988.

TELEHEALTH DISCLOSURE

Telehealth counseling sessions either through Zoom/Simple Practice or telephone are conducted. Zoom/Simple Practice-based sessions are scheduled just like in-person sessions. In the event that there is inclement weather, you are sick, or in need of additional support, telehealth counseling sessions can be scheduled. If a true emergency situation arises for you, please call 911, the national crisis hotline at 988, or go to any local emergency room. Zoom/Simple Practice sessions are preferred, but if there is limited computer access or errors during a video session, a telephone session is available to accommodate.

Effective therapy is often facilitated when the therapist gathers, within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnoses, and interventions based not only on direct verbal or auditory communications, written reports, and third-person consultations but also on direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to, the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as your physical condition, including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerisms or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important.

BY SIGNING BELOW, I AGREE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Printed Name and Date:

Signature: