

Colorado Counseling Professionals, P.C.
Disclosure Form

**1001 S. Perry Street
Castle Rock, CO 80109
(303) 246-7559**

**7940 S. University
Suite 220
Centennial, CO 80122
(303) 246-7559**

The following information is provided to acquaint you with the counseling process and your rights as a consumer. Please feel free to discuss any of the items with the professional staff. The Colorado Legislature has enacted House Bill 1026, which regulates the practice of mental health professions. The law specifies that certain information must be disclosed to all clients.

Therapist Credentials:

Doug Smith, Ph.D., Colorado Licensed Psychologist # 2512

Degrees: Ph.D. University of Memphis-Counseling Psychology, 1999
 M.S. Florida State University-Counseling and Human Systems, 1995
 B.S. University of Arkansas, 1985

YOUR RIGHTS AS A PSYCHOTHERAPY CLIENT:

- You are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy (if known) and the fee structure.
- You may seek a second opinion from another therapist or may terminate therapy at any time.
- Generally speaking, information provided by and to a client during therapy sessions is legally confidential. There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado Mental Health Statute and may occur under the following conditions; written consent by the client, by order of the court, suspected child abuse and neglect, and situations where you may exhibit evidence of danger to yourself or others. These are requirements of the law and are designed for the protection of yourself and others.
- You are encouraged to ask me questions and tell me about any concerns or complaints you may have regarding my practice.
- In a professional relationship, such as the therapeutic relationship, sexual intimacy is never appropriate and should be reported to the State Grievance Board at the address listed below.

The Colorado State Department of Regulatory Agencies regulates the practice of both licensed and unlicensed persons in the field of psychotherapy. Should you need to pursue questions concerns or complaints beyond our discussion regarding my practice of mental health treatment, you can contact the State Grievance Board at the following address and telephone number:

Department of Registrations
Colorado Mental Health Section Inquiries/Complaints
1560 Broadway, Suite 1370
Denver, CO 80202
(303) 894-7767

Cancellation policy: Please carefully consider your availability for future appointments. When you choose a time for your next appointment that time is blocked out for you and no longer available to other clients. Though you may cancel and/or re-schedule more than 24 hours prior to your appointment without any penalty, this will still likely cause inconvenience in our schedule. That time might have been offered to other existing or new clients. We do recognize that real emergencies can arise and these may prohibit clients from making their appointment or canceling with 24 hours notice. Clients who forget their appointments or cancel less than 24 hours prior to their session in the absence of a real emergency will be charged \$35.00 for that session. Please initial that you have read and understand this policy. _____

Payment is expected at the time of service. Individually, our staff are in-network providers for various insurance companies. Billing for clients utilizing their insurance benefits with these companies will be handled according to their standard billing procedures. Clients with other health insurance may still be seen, though payment is expected at the time of service. It will be the responsibility of these clients to process their own claims, though we will assist as needed.

The standard fee for an intake appointment is \$150.00. The fee for subsequent psychotherapy visits is \$100.00 per hour. We reserve the right to adjust the fee for some clients based upon their ability to pay.

Client's who are in need of emergency services should contact us at (303) 246-7559. Clients in crisis may also call 911 and/or utilize the nearest emergency room.

Court testimony or involvement with legal issues is typically beyond the scope of the services provided by our staff. Clients who wish to be seen for the purpose of assistance in legal matters should make this known prior to utilizing services provided by Colorado Counseling Professionals.

Sessions are typically the standard 50 minutes in length.

In Colorado, adolescents 15 years of age and older may receive treatment without the consent of their parents. The parents or the legal guardian of client's younger than age 15 must be notified that their child is in treatment.

I have received and read a copy of this disclosure form. I also acknowledge that I have received the providers Notice of Privacy Rights describing how medical (including mental health) information about clients may be used and disclosed and how I can get access to this information:

Signed: _____ Date: _____

Signature of legal guardian of minor child: _____ Date: _____

Therapist: _____ Date: _____