

DISCLOSURE STATEMENT

This statement is being provided to you so that you are aware of your rights as a psychotherapy client. Please read this and discuss any questions or concerns you have before signing it.

My name, address, and phone number:

Joy Phillips, Clinical Social Worker, MSW, LSW, 80 Garden Center, **Suite 104**, Broomfield, CO 80020, (720)-210-3544. I earned a Masters Degree in the field of Social Work from Grand Valley State University in 2002. I am a Licensed Social Worker listed in the state's database and am authorized to practice therapy in Colorado (LSW.0009922476).

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologist practicing outside the school setting, and unlicensed individuals who practice psychotherapy. All questions and/or complaints should be addressed to: Department of Regulatory Agencies, Mental Health Section, Board of Psychologist Examiners, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

Client rights and important information:

Generally speaking, the information provided by and to you as the client during the therapy sessions is legally confidential. Since the information is legally confidential, I cannot be forced to disclose any of your information without your consent. Information disclosed to me is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates.

There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S. **Confidentiality may also be waived in the event of physical abuse and/or neglect of a child, including any past or present sexual contact with a minor.** All therapists are required by law to report such instances to the Denver Dept of Social Services. **Additionally, in the event of imminent danger to yourself or another person, I am required by law, to protect you, which may result in you being hospitalized, and I have a duty to warn anyone who may be in imminent danger as a result of your threats or frame of mind.**

As to the regulatory requirements applicable to mental health professionals: 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 Bachelor's 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 masters 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.

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 if you would like to receive this information.

In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

You can seek a second opinion from another therapist or terminate therapy at any time.

Fee Information:

My standard fee is **\$150 for a 50-minute session and \$225 for a 90-minute session.** . **Payments are made at the time you schedule an appointment on my website, unless an emergency session is needed. Emergency sessions are paid for at the time of service. Meetings with auxiliary medical or legal consultants either by phone or in person, receipts for insurance reimbursement and report writing will be billed at my standard fee.** If payment is in arrears more than 90 days and a fee payment schedule cannot be agreed upon, your account will be turned over to a collection agency, an attorney, or small claims court.

Missed appointments and cancellations:

If you are unable to keep an appointment, please reschedule on my website. **If you cancel or miss an appointment without giving 24 hours notice, you will be billed for the session.**

Telephone calls:

If you need to speak to me between regularly scheduled sessions, please leave a message and I will return your call as soon as possible. **Telephone calls exceeding 10 minutes will be charged a prorated fee.** If an emergency arises after those hours, please call 911 or go to the nearest available emergency room.

Health Information Privacy Notice (HIPAA):

By signing this disclosure you acknowledge receipt of the HIPAA policies for your review. Once you have reviewed these policies, please return a signed copy to me. **You are not required to sign this notice to receive treatment.** Please verbally inform me if you elect to not sign the notice.

If you have any questions or would like additional information, please feel free to ask me.

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client/patient. **I understand that my child will likely have to miss school and/or extracurricular activities in order to participate in therapy _____ Intial Here**

Client Signature

Date

Parent/Guardian Signature

Date

Joy Phillips, Therapist, MSW, LSW

Date