

1. INFORMATION

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Buckingham Psychological Services
15101 E. Iliff Ave. #220
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2. CREDENTIALS

Licensure: LPC 11437
Degrees: MA Counseling Psychology
Professional Experience: Registered Psychotherapist from 2009-Present
Certifications: National Certified Counselor (NCC)

3. REGULATION OF PSYCHOTHERAPIST

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The regulatory boards can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. The regulatory requirements for mental health professional provide that a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-master's 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 master's 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) 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 2000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health, and complete additional required training hours and 2000 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 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 satisfy and standardized educational or testing requirements to obtain a registration from the state.

4. CLIENT RIGHTS AND IMPORTANT INFORMATION

- A. You are entitled to receive information from me about my methods of therapy, the techniques I use, and the duration of your therapy, and my fee.
- B. You can seek a second opinion from another therapist or terminate therapy at any time.

- C. In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Board that licenses, certifies or registers the therapist.
- D. Generally speaking, 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. There are several exceptions to confidentiality which include; (1) I am required to report any suspected incident of elder, IDD and 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 to 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, who is gravely disable, as a result of mental disorder; (4) I am required to report any suspected threat to national security to federal official; (5) I am required by HB 14-12 to report any threats against location such as churches, schools, theaters, workplaces, etc. law enforcement, and (6) I may be required by Court Order to disclose treatment information.
- E. When I am concerned about client's safety, it is my policy to request a Welfare Check through local law enforcement. In doing so, I may disclose to law enforcement officer's information related to my concerns. By signing this Disclosure Statement and agreeing to treat me, you consent to this practice if it should become necessary.
- F. Under Colorado law, CRS 14-10-123.8, parents have the right to access mental health treatment information concerning their children, unless the court restricted access to such information. If you required treatment information from me, I may provide you a treatment summary, in compliance with Colorado law and HIPPA Standards.
- G. I am under clinical supervision. My clinical supervisor is Denise Maloney LPC, will be receiving information concerning your treatment and will be consulting with me so that you will receive that best care that we can provide.
- H. As required by HP17-1011 I am informing you that your client records will be destroyed 7 years after the termination of psychotherapy as pursuant to DORA Rules and the Colorado Mental Health Practice Act. Colorado law, CRS 12-43-218, allows confidentiality to be breached if a mental health professional believes a client is a potential school shooter.

5. DISCLOSURE REGARDING DIVORCE AND CUSTODY LITIGATION

If you are involved in divorce or custody litigation, my role as a therapist is not to make recommendations to the court concerning custody or parenting issues. By signing this Disclosure Statement, you agree not to subpoena me to court for testimony or for disclosure of treatment information in such litigation; and you agreed not to request that I write any reports to the court or to your attorney, making recommendations concerning custody. The court can appoint professional, who have no prior relationship with family members, to conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interest of the family's children.

I do not ordinarily testify in court, nor provide notes for legal cases, Worker's Compensation cases, disability cases or Family and Medical Leave Act (FMLA) matters. I believe FMLA issues are better addressed by medical physicians. Upon your written consent, I will provide to you a brief summary of your treatment and dates of therapy for your own personal use. Fees for a summary will vary.

My fee schedule is contracted with your insurance company or Employee Assistance Program. For those who wish not to use their health care insurance, the fee is \$95.00. If you have not called the office or left a message to cancel your appointment 24 hours in advance, you will be charged \$75.00. Exceptions to "Did Not Keep" fees and or late cancelation will be determined by therapist. If cancelations or emergencies occurs, please call 303-750-7411.

Past due accounts will be turned over to a collection agency.

I have read the preceding information, and it has been explained to me verbally. I understand the disclosures that have been made to me. I also acknowledge that I have received a copy of the Disclosure Statement.

Print Client's Name _____

Client Signature or Responsible Party

Date _____