

**CENTER FOR HEALING TRAUMA AND ATTACHMENT, INC.**

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**PSYCHOLOGICAL SERVICES DISCLOSURE STATEMENT**

**Jennifer Barker Santopietro, MT, MS, LPC**

**Music Therapist**

**Licensed Professional Counselor**

**LPC #6074**

**Degrees:**

**University of Phoenix, Westminster, Colorado**

Master of Science in Counseling/School Counseling

Graduated: August 2007

**Arizona State University, Tempe Arizona**

Bachelor of Music, Music Therapy

Graduated: May 1990

**University of Northern Colorado, Greeley, Colorado**

Current Doctoral Student in Counselor Education and Supervision

**Other Licenses and Specializations:**

Colorado Department of Education Special Services License #203574

EMDR (Eye Movement Desensitizing and Reprocessing) Trained

**Regulation:**

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, certified school psychologists, and unlicensed individuals who practice psychotherapy. The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the State Grievance Board, 1560 Broadway, Suite 1340, Denver, Colorado 80802, (303) 894-7766.

**Client Rights and Important Information:**

- 1.) You are entitled to receive information from your counselor regarding methods of therapy, the techniques used, the duration of therapy (if known) and the fee structure. Please ask if you would like to receive this information.
- 2.) You can seek a second opinion from another therapist or terminate therapy at any time.
- 3.) In a professional relationship, sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the State Grievance Board.
- 4.) **Generally speaking, the information provided by and to a client during therapy sessions is legally confidential** if the therapist is a certified school psychologist, a licensed clinical social worker, a licensed marriage and family therapist, a licensed professional counselor, a licensed psychologist, or an unlicensed psychotherapist practicing under the supervision of a licensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.
- 5.) Information disclosed to a licensed clinical social worker, a licensed marriage and family therapist, a licensed professional counselor, or a licensed psychologist 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.

6.) **There are legal exceptions to the general rule of legal confidentiality.** These exceptions are listed in the Colorado statutes (see section 12-43-218, C.R.S., in particular). There are legal exceptions to the general rule of legal confidentiality. **The exceptions Include: intent to harm others or yourself; abuse or suspected abuse of children, and possibly the abuse of the elderly or others unable to care for themselves; threats to national security; neglect or suspected neglect of children; prenatal exposure to controlled substances; subpoenaed testimony in criminal court cases and orders to violate privilege by judges in child-custody, divorce and other court cases.** Also, be aware that, except in the case of information given to a licensed psychologist, legal confidentiality does not apply in a criminal or delinquency proceeding. There are other exceptions that may be identified as the situations arise during therapy.

**AS A CLIENT OF COUNSELING SERVICES, I UNDERSTAND THAT:**

- 1) ***I consent to evaluation and mental health treatment for myself.*** I am aware that care and treatment is not an exact science and acknowledge that no guarantees have been made to me as to the result of treatment.
- 2) I understand my psychotherapist provides ***non-emergency*** psychotherapeutic services by scheduled appointment. If my counselor believes my psychotherapeutic issues are above his/her level of competence, or outside of his/her scope of practice, your counselor is legally required to refer, terminate, or consult.
- 3) I understand that if I have a life threatening emergency, I will call the statewide Crisis Hotline, **844.493.TALK (8255)**, the police (911) or go to my nearest emergency room. I understand that if my therapist thinks I need more intensive services I will be referred a therapist or organization that has the ability to provide treatment to meet those needs.
- 4) I understand that there may be times when my counselor may need to consult with a colleague or another professional about issues raised in therapy. My confidentiality is still protected during consultation by my counselor and the professional consulted. Signing this disclosure statement gives my psychotherapist permission to consult as needed to provide professional services to me as a client.
- 5) I understand that if I have any questions or would like additional information, I may ask during the initial session and any time during the psychotherapy process. By signing this disclosure statement, I also give permission for the inclusion of my partners, spouses, significant others, parents, legal guardians, or other family members in psychotherapy if/when deemed necessary by myself or my counselor.

x \_\_\_\_\_  
Signature of Client or Legal Representative

\_\_\_\_\_  
Counselor's Signature

x \_\_\_\_\_  
Date

\_\_\_\_\_  
Date