

**CENTER FOR HEALING TRAUMA AND ATTACHMENT, INC.**  
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## **MANDATORY DISCLOSURE STATEMENT**

### **Nature of Services and Potential Side Effects**

The work we undertake together is intended to honor and support your values and beliefs. Your therapist's role is one of a guide, supporting your exploration and self-discoveries. You are entitled to ask questions and receive information about the methods or techniques your therapist use, length of counseling, and anything else that seems important to you or your counseling experience. You are free to seek a second opinion or to end counseling at any time. It is important to understand that counseling does not necessarily cause one to feel better right away, and sometimes there are troubling aspects to counseling or unexpected outcomes.

### **Regulation of Psychotherapists:**

- A Registered 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 Counselor I (CAC I) must be a high school graduate or equivalent, complete required training hours and 1,000 hours of supervised experience.
- A Certified Addiction Counselor II (CAC II) must be a high school graduate or equivalent, complete the CAC I requirements, and obtain additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam.
- A Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete CAC II requirements, and complete additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam.
- A Licensed Addiction Counselor must have a clinical master's degree, meet the CAC III requirements, and pass a national 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 must hold a master's or doctorate degree from a graduate school of social work, practiced 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.

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The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The Board of Mental Health Professions (Counselors, Social Workers, Psychologists, Addiction Counselors) can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

### Records

Documentations of your counseling sessions will be stored safely and kept on file for 7 years, after which those records will be destroyed. Children's records will be stored for 10 years. Only authorized persons will have access to your records.

### Text or Email Communication

Your provider is limited to only use text or email for appointments related inquiries, concerns or issues – scheduling, cancellation, confirmation. Outside of that scope, you need to call your provider and if he/she is unable to respond, please leave message with your name and phone number. Your provider will call you and respond to your inquiries, concerns, issues, questions about your mental and emotional health and anything related to your therapy via phone call.

### Appointments and Emergencies

Sessions are available by appointment. If you are unable to come to your appointment, please call within 24-hours to reschedule your appointment. Calls for appointments or change of appointments will not be billed. **No shows will be charged \$25.00 for that day, a bill will be sent to you and needs to be paid within a week upon receiving the bill.** Small non-profit outpatient therapy, cannot, by its structure, assume responsibility for the day-to-day functioning of its clients in the same way state and federal agencies and institutions can. Yet, there are legitimate needs of clients that require special attention. Your therapist does not carry a pager however, if you have a crisis, you can leave a message for your therapist 24 hours a day and your call will be returned as soon as possible. The time spent on the phone doing counseling will be billed at the same rate as the session rate.

If your need is URGENT or you believe you are a danger to self or others, please call 911 or go to your nearest emergency hospital. You can also call the Crisis Hotline at 844 493-8255 or Centennial Mental Health at 970 867-4924.

If you or your provider believe that you would be better served elsewhere due to CHTA's limitations to provide urgent care, your provider will try to help you find a more appropriate setting for your counseling.

Your provider values your attendance in coming to therapy as well as your identified goals. Your provider takes your commitment to heal very seriously and with that your attendance and participation are highly valued. If you are a no show for your appointment, your provider will call you to see if you would like to reschedule. If your provider does not hear from you, he/she will send you a reminder letter to reschedule appointment if still interested. After a week, if your provider does not hear from you, a second letter will be sent informing you that if he/she does not hear from you at a specific time/day, your case file is effectively closed at that specific time and day.

If in the future you decided to come back, there is no guarantee that you will see your previous provider and might have to see a new one, or might be referred to a private. local provider or community mental health. Also, any balances unpaid from previous treatment need to be settled before we schedule you for appointment.

In a professional relationship, sexual contact and intimacy between therapist and client is never appropriate in a therapeutic relationship. Any violations of this should be reported to the Department of Regulatory Agencies (DORA) at (303) 894-7800 1560 Broadway, Suite 1350 Denver CO 80202.

Information provided by the client during therapy sessions is legally confidential in the case of licensed marriage and family therapists, social workers, professional counselors, and psychologists; licensed or certified addiction counselors; and registered psychotherapists, except as provided in § 1243-218 and except for certain legal exceptions that will be identified by the licensee, registrant, or certificate holder should any such situation arise during therapy

There are several exceptions to confidentiality, some are described in C.R.S. 12-43-218 and the Notice of Privacy Practices you were provided. Some exceptions to confidentiality include: **I am required to report any suspected incident of child abuse or neglect to law enforcement. I am not required to report past abuse if the victim is over 18, unless the alleged abuser currently has access to children; I am required to report suspected incident of elder, age 70 years or older, abuse or neglect to law enforcement which may include contacting law enforcement to perform a wellness check for the person of concern; I am required to report any threat of imminent physical harm by a client to a specific person, including those identifiable by their association with a specific location or entity, to law enforcement, the person(s) threatened, and/or the person(s) responsible for the specific location or entity threatened; I am required to initiate a mental health evaluation of a client who is imminently dangerous to him/herself or to others, or who is gravely disabled, as a result of a mental disorder; I am required to report any suspected threat to national security to federal officials; and I may be required by Court Order to disclose**

**treatment information.** If legal exceptions to confidentiality arise during the professional relationship, when necessary and appropriate, the provider will identify them to you. Under Colorado law, C.R.S 114-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court restricted access to such information. If you request treatment information from me, I can provide you with a treatment summary, in compliance with Colorado law and HIPAA Standards.

**Disclosure Regarding Legal Actions:**

If you are involved in divorce or custody litigation, or seeking disability benefits, my role as a therapist is not to make recommendations, or to offer opinions, to the court concerning custody or parenting issues or to any judicial or legislative agency regarding a disability qualification. By signing this Disclosure Statement, you agree not to subpoena me to testify in court or otherwise request disclosure of treatment information in such litigation; and you agree not to request that I write any reports to the court or to your attorney, making recommendation concerning custody or disability benefits. The court can appoint professionals, who have no prior relationship with family members, to conduct an investigation or evaluation and to make recommendations.

**Personal Information and Clinic Files:**

Information from your files may be shared with Staff for administrative purposes such as scheduling and quality assurance.

Your provider uses laptop to write notes, other documents related to your file and electronic claim submissions for clients that have insurances. CHTA uses a program that is password protected, HIPAA compliant but not encrypted.

I have read the preceding information and understand my rights as a client. I also acknowledge that I have been provided with a copy of the Informed Consent to Treatment.

\_\_\_\_\_  
Print Client's Name

\_\_\_\_\_  
Client's or Responsible Party's Signature

\_\_\_\_\_  
Date

If signed by Responsible Party, please state relationship to client and authority to consent:

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date