

General Information

This Disclosure Statement and Informed Consent will provide a clear framework for our work together and will provide valuable information regarding your rights as a client. A copy of the Practice Policies for Studio B Providers have been provided to you and are incorporated by reference into this Disclosure Statement and Informed Consent.

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. Should you experience these events, please communicate those issues to your provider as part of your therapy.

Studio B is a clinic focused on many aspects of health care. We have a number of providers trained and certified in different modalities. As a result touch may be part of your provider's practice. At Studio B we will always ask your permission to use touch during an intervention and you always maintain the right to direct the level of touch used. In the event, you decide you are not comfortable with touch-based interventions you can inform us of this decision at any time, and we will discontinue touch-based interventions. Your decision to eliminate touch-based interventions will not have a negative effect on your treatment. There are many options for treatment interventions, and we will explain the options for treatment so you can make an informed consent to participate in any of the treatment intervention options available.

Please see the Studio B Provider List provided to you for all provider licensure and educational information.

Regulation

The Colorado Department of Regulatory Agencies ("DORA") is responsible for regulating the practice of licensed psychologists, licensed clinical social workers, licensed professional counselors, and certified and licensed addiction counselors. DORA and other regulatory agencies can be reached at:

Department of Regulatory Agencies
Mental Health Section
1560 Broadway, Suite 1350
Denver, CO 80202
(303) 894-7766
DORA_MentalHealthBoard@state.co.us

Board of Addiction Counselor Examiners
1560 Broadway, Ste. 1350
Denver, CO 80202

(303) 894-7800

Colorado Department of Human Services
Office of Behavioral Health
3824 W. Princeton Circle,
Denver, CO 80236
(303) 866-7400

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 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, Licensed Clinical Social Worker 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 1,000 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 master's 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.

Please Note: Personal trainers, certified nutrition coaches, and certified life coaches are not regulated by DORA and educational requirements differ between certifying bodies.

Client Rights

A client has the following rights under Colorado Law:

- (i) A client is entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure;
- (ii) The client may seek a second opinion from another therapist or may terminate therapy at any time;
- (iii) In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant, or certificate holder;
- (iv) The 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

section 12-43-218 and except for certain legal exceptions that will be identified by the licensee, registrant, or certificate holder should any such situation arise during therapy; and

- (v) If the mental health professional is a registered psychotherapist, a statement indicating that 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.

Confidentiality

The session content and all relevant materials to the supervisee or case client's treatment will be held confidential unless requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

If a client threatens or attempts to commit suicide or otherwise conducts him/herself in a manner in which there is a substantial risk of incurring serious bodily harm.

If a client threatens grave bodily harm or death to another person.

If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.

Suspicious as stated above in the case of an elderly person who may be subjected to these abuses.

Suspected neglect of the parties named in items #3 and # 4.

If a court of law issues a legitimate subpoena for information stated on the subpoena.

If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally, the provider may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

Therapist Record Retention Policy

Records regarding the treatment of adults will be kept for seven (7) years after treatment ends or following the last session. Records for treatment of minors will be kept for seven (7) years, commencing on the last date of treatment or when the minor

reaches 18 years of age, whichever comes later. In no event will the records for the treatment of minors be kept longer than 12 years.

Consent for Treatment

I voluntarily consent to mental and physical health treatment at Studio B. As the client, I (or parent/guardian) understand that I do not have to consent to treatment. My signature below indicates that I have read this Disclosure Statement and Informed Consent, have asked any questions I deemed necessary, and have received satisfactory answers. My signature is not a waiver of rights. I can discuss any concerns I have about therapy and treatment with my provider at any time during treatment. I understand that I have the right to withdraw my consent to therapy at any time for any reason and exercise my right to seek a second opinion. I understand that no specific promises have been made to me by my provider about the results of treatment. I acknowledged that I have received and read the Practice Policies for Studio B and agree to abide by terms set forth therein.

BY SIGNING ON THE LINE BELOW I AM AGREEING THAT I HAVE READ,
UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Patient Signature or Responsible Party's Signature

Date