

PSYCHOTHERAPY DISCLOSURE STATEMENT

1. Kelly Garcia-Brauch, M.A. LPC

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I am a Licensed Professional Counselor (LPC), and my license number is 11221 in the Department of Regulatory Agencies licensing database.

2. My highest degree earned is a Master of Arts in Counseling Psychology from Regis University (2008). I also hold a Bachelor of Science degree in Psychology from Colorado State University (2001).
3. My theoretical orientation is Gestalt and Solution Focused.
4. I have been qualified as an expert in legal proceedings within the following domains: general mental health, child protection/child welfare, reasonable efforts, reunification therapy, bonding, attachment, therapeutic visitation, parent-coaching visitation, supervised visitation, treatment planning, transition plans for children, biases in child welfare and culture/race.

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.

Client Rights and Important Information

1. The Colorado Department of Regulatory Agencies (DORA) has the general responsibility of regulating the practice of licensed psychologists, licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, certified school psychologists, and unlicensed individuals who practice psychotherapy. The agency within DORA that has responsibility specifically is the Mental Health Section, 1560 Broadway, Suite #1350, Denver, CO 80202, (303) 894-7800.
2. Client Rights and important information:
 - a. 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.

- b. You can seek a second opinion from another therapist or terminate therapy at any time. Be aware there are no guaranteed results in the practice of psychotherapy.
 - c. In a professional relationship (such as ours), sexual intimacy is never appropriate and should be reported to the board that licenses, registers or certifies the licensee, registrant or certificate holder.
 - d. 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 worker. 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 bachelors 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.
 - e. 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 social worker, a licensed marriage and family therapist, a licensed professional counselor, a licensed psychologist, or an unlicensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.
 - I. Information disclosed to a licensed clinical social worker, an unlicensed psychotherapist, 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.
- II. There are exceptions to the general rule of legal confidentiality.

These exceptions are listed in the Colorado statutes (C.R.S 12-43-218).

- Intent to harm others or yourself
- Abuse/neglect or suspected abuse/neglect of children
- National security concerns under provisions of the patriot act
- Federal court orders
- Abuse of elders
- Subpoenaed testimony in criminal court cases and orders to violate privilege by judges in child-custody, divorce and other court cases.

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. There are exceptions that I will identify to you as the situations arise during therapy.

Records:

As outlined by the Mental Health Practice act, therapists are required to create and maintain records for each client; these records are stored in a secure location. Records are retained for a period of 7 years after the final contact between the therapist and the client. After that time, the records are destroyed. Notes pertaining to the treatment of minors are kept for 7 years or for 3 years after the minor turns 18 years old, whichever comes later. Records cannot be retained longer than these established timelines.

Consent for Treatment-Minors

The age of consent for therapeutic services is 12 years old. If a minor 12 or older receives any type of therapeutic service then parental consent from both parents is also required to begin services.

Fees:

Psychotherapy is provided in a 50-minute clinical hour instead of a 60-minute clock hour and is due before the session starts. ***My standard rate for a clinical hour is 150.00. For individuals receiving Eye Movement Desensitization Reprocessing Therapy (EMDR) my rate is 200.00 an hour.*** Payment is due 24 hours before the session and serves as your confirmation that you will attend. Any sessions that are missed or canceled less than 24 hours before are subject to payment. *All clients that have Medicaid are giving permission for Kaleidoscope Therapy Services, LLC to bill Medicaid for services rendered.*

Cancellations not made 24-hours prior to the scheduled appointment will incur the regularly charged fee.

I provide a sliding scale for those persons who cannot pay the full rate. Your rate will be determined at your first appointment and is subject to change. The scale is as follows:

Total Annual (Gross) Household Income	Hourly Rate
75,000 and under	100.00

The following are rates for visitation services.

Supervised Visitation	Parent-Coaching Visitation	Therapeutic Visitation
100.00	125.00	150.00

- I. In the event that I am subpoenaed on your behalf my rate of pay is 300.00 per hour including testimony, case research, report writing, travel, depositions, cross examination and waiting time.
- II. I understand my psychotherapist provides non-emergency psychotherapeutic services by scheduled appointment. If my psychotherapist believes my psychotherapeutic issues are above her level of competence, or outside of her scope of practice, she is legally required to refer, terminate, or consult. If, for any reason, I am unable to contact my psychotherapist by telephone, (303) 829-7904, and I am having a true emergency, I will call 911 or check myself into the nearest hospital emergency room.
- III. I understand that if I have any questions or would like additional information, I may feel free to 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 when deemed necessary by myself or my psychotherapist for purposes of assessment or treatment.
- IV. I understand that I am legally responsible for payment for my psychotherapy services and that I will be charged for my therapy session if I do not provide 24 hour notice.
- V. I understand that confidentiality cannot be assured for electronic communications like cell phones, emails, text messages and faxing. I do not hold my psychotherapist responsible or liable for breach of confidentiality if I choose to communicate with my psychotherapist by these electronic means, I also give permission for such electronic communications to take place in

consultation by my psychotherapist.

- VI. I understand that sometimes in psychotherapy things get worse (because of repressed issues and systemic dynamics) before things get better. I understand this may be a natural part of the psychotherapeutic process.

ACKNOWLEDGEMENT, AGREEMENT, AND CONSENT

I have read the preceding information and understand my rights as a client. By signing below I acknowledge my understanding and agree to all the terms discussed in this disclosure statement. Consistent with HIPAA requirements this disclosure statement expires after six months and can be revoked at will by the client or the consenting parent or guardian. Revocation is not retroactive. If you have any questions or would like additional information, please feel free to ask.

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client/patient.

Client/Patient Signature

Date

Client/Patient Printed Name

Therapist

Date