

Empowering Systemic Therapy, LLC

Disclosure Statement

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The Practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Department of Regulatory Agencies. Questions and complaints may be addressed to the Grievance Board, which is located at:

Mental Health Licensing Section of the Division of Professions and Occupations.
The State Board of Licensed Professional Counselor Examiners
1560 Broadway, Suite
1350, Denver, Colorado 80202
(303) 894-7800

We provide services in accordance with the following guidelines:

- You are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure.
- You may seek a second opinion from another therapist or terminate therapy at any time.
- In a professional relationship, sexual intimacy is never appropriate and is illegal in Colorado. It should be reported to the Grievance Board.
- The information provided by you during therapy is confidential and will not be disclosed without your consent or authorization, except as required by law.
- If you participate in group therapy, it is necessary for you to agree to protect and respect the privacy of other group members. You need to agree not to share personal information, including the names of other group members, with people outside of the group you may expect other group members to show the same respect for your confidentiality.
- You are entitled to change your therapist within Empowering Systemic Therapy if available. Further requests will be reviewed clinically

Consent to Treatment

I request services from Empowering Systemic Therapy, LLC.

Confidentiality

I understand that my records will be held in confidence pursuant to Colorado Revised Statutes (CRS 18-6.5-801, CRS 27-10-101 et.seq.), the Division of Alcohol and Drug Abuse pursuant to code of Federal Regulations (42 C.F.R. Part 2), and the Health Insurance Portability and Accountability Act of 1996 (HIPPA). There are exceptions to confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes, and the HIPAA Notice of Privacy Rights you were provided as well as other exceptions in Colorado and Federal law. In general, the exceptions include a "threat of serious harm to yourself or others" as in the case of child abuse, elder abuse, suicide, grave disability, under a court order, or in response to any legal action taken by you against Empowering Systemic Therapy, or its therapists.

Follow-up:

I understand Empowering Systemic Therapy may contact me after termination of treatment to gather information needed for follow-up and program evaluation. I hereby grant permission to provide my name, address and phone number to allow follow-up contact after my discharge from treatment.

Destruction of Records

I understand that the clinical records from this treatment episode may be destroyed if no further treatment is rendered within 7 years of the date of termination of this episode (or ten years from the date client reaches age eighteen, if client is a minor.)

As a client, you have the following rights:

- You have the right to revoke this consent at any time.
- To receive treatment only if your legal guardian gives permission in writing.
- To be treated with respect and recognition of your need for dignity.

- To receive services based on your individual needs, in a setting which supports your individual freedoms.
- To actively participate with your provider in creating a plan for your care. TO include other people you think would be helpful to you in creating your plan.
- To confidentiality, and to expect that none of the information about your treatment will be given to anyone without your permission except as required by law.
- To refuse treatment unless you are court ordered to receive services and be informed of the consequences your refusal.
- To have your family members involved in your care, at your request. To be represented by your guardian, in case that you are unable to fully participate in your treatment decisions.
- To receive information about Empowering Systemic Therapy and clinical guidelines.
- To not be discriminated against due to race or ethnicity, sex, age, disability, sexual orientation, or genetic information.
- To be informed of the rights in a way you understand.
- To complain about our services at any time without retaliation.
- To file a complaint or grievance to the Board of Registered Psychotherapists.

Please read each statement, check boxes that apply, and initial each statement indicating these actions have been taken.

_____ **I have been informed of my clinicians’ degrees, credentials, and licenses.**

_____ **I have received a copy of the Disclosure Statement.**

Client Name (please print)

Date

Client Signature (Parent or Legal Guardian)

Date

Clinician Signature

Date