

Disclosure Statement

The state of Colorado requires that I, as a licensed psychotherapist, provide the following items of information to you as a client:

Business Address and Phone:

Mooney and Associates, LLC
Frederick Mooney, LPC
Barbara Mooney, LPC
Brigid Roche, LCSW
2305 E. Arapahoe Rd., STE 250, Centennial, CO 80122 720-460-0872

Degrees, Credentials, Licenses, Experience and Training:

Fred :

Bachelor of Science in Education, (Special Education) 1974, Kent State University, Kent, Ohio
Masters in Education, (Diagnosis and Prescription Of The Handicapped In The Educational Setting), 1979, Case Western Reserve University, Cleveland, Ohio
Masters in Education (Community Counseling) 1993, Kent State University, Kent, Ohio
Licensed Professional Clinical Counselor (With Supervision Endorsement), Ohio Licensed Professional Counselor, Colorado License 5399
Over 20 years experience with adults and children in community mental health EMDR (Eye Movement Desensitization and Reprocessing) Certified by EMDRIA
EMDRIA approved Consultant, and IFS Trained.

Barbara:

Bachelor of Science in Nursing 1975, Kent State University, Kent, Ohio Masters of Education (Community Counseling) 1998, Kent State University, Kent, Ohio
Post Masters Academic Study at Kent State University 1998-2004, Kent, Ohio.
Professional Clinical Counselor (PCC) (with Supervision Endorsement), Ohio
Licensed Professional Counselor (LPC), Colorado License 5449
Registered Nurse, Colorado License.
EMDR (Eye Movement Desensitization and Reprocessing) Trained by EMDRIA, IFS trained.

Brigid:

Bachelor of Arts, 2003. DePauw University – Greencastle, Indiana
Masters of Social Work, 2008. University of Denver Graduate School of Social Work, Denver, Colorado.
Licensed Clinical Social Worker, 2010
Certified Spanish Language Medical Interpreter, 2011
Over eight year's experience working with English and Spanish-speaking clients and their families, EMDR Trained.

Regulatory Requirements and Information:

A Licensed Clinical Social Worker must hold a Master's Degree in their profession and have two years of post-master's supervision. The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Colorado State Department of Regulatory Agencies, Division of Professions and Occupations. Any questions, concerns or complaints may be addressed to the appropriate licensing board.

The Board of Social Work Examiners can be reached at:

1560 Broadway, Suite 1350
Denver, Colorado 80202
(303) 894-7800

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 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 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.

Client Rights and 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 have the right to revoke consent, refuse treatment or terminate therapy at any time.
- You may obtain a second opinion from another therapist.
- In a professional relationship such as ours, sexual intimacy is never appropriate between a therapist and a client and it should be reported to the Department of Regulatory Agencies, Division of Professions and Occupations, Board of Social Work Examiners.
- You have the right to be treated with respect and recognition of your need for dignity.
- You have the right to actively participate with this therapist in creating a personalized plan for your treatment and to include other people as requested.
- You have the right to confidentiality and to expect that none of the information about your treatment will be given to anyone without your written consent, except as required by law.
- Should 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 you the same respect for your confidentiality.
- You have the right to inspect your records, or have them shown to anyone designated by you in writing.
- You are entitled to be informed of these rights and guidelines in a way that you understand them.

Confidentiality:

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. Information disclosed to an unlicensed psychotherapist not practicing under the supervision of a licensed psychotherapist is not legally confidential.

There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218 in particular). I will identify these exceptions should the situation arise during treatment or in our professional relationship. In general, these exceptions include the following:

- When one is considered to be a danger to self or another, such as imminent suicidal or homicidal intentions or grave disability. You should be aware that if you should communicate any information involving a threat to yourself or others, I may be required to take immediate action to protect you or others from harm, such as involuntary psychiatric evaluation or notification to any intended victim(s) and/or law enforcement.
- Disclosed, observed or suspected child or elderly (age 70 and older) exploitation, abuse (physical, sexual, emotional) and/or neglect, including alcohol and/or drug abuse or domestic violence occurring in an environment where children are present. By Colorado law, this therapist is mandated to report any of the preceding to the proper authorities and/or Colorado Department of Human Services.
- Medical emergencies.
- In the investigation of a grievance or malpractice claim, or if I am ordered by a court of competent jurisdiction to disclose such information.

Furthermore, if you will be seeking reimbursement for counseling services through your insurance company, your therapist may share information with your insurance company regarding diagnoses and dates of service.

When I encounter clients in a public venue, in order to protect your confidentiality, I will refrain from any contact unless you initiate contact first. Be aware that if you make contact, and I am with someone else, I may be asked to explain how I know you and this may inadvertently lead to some form of disclosure, just by the nature of my vague response.

Additional Important Information:

Consultation: There may be times when I need to consult with a colleague or another professional, like an attorney or supervisor, about issues raised by you in therapy. Your confidentiality is still protected during consultation and identifying information will not be released. Signing this disclosure gives me permission to consult as needed to provide professional services to you.

Electronic Communications: If you agree to communicate via electronic communications such as telephone, text or email, or any other electronic method of communication, I cannot guarantee that those communications will remain confidential due to the nature of such technology or unauthorized

monitoring. However, confidentiality does extend to those electronic communications. Also, you agree and understand that for this reason, electronic communications is for business-related or logistical communications, such as scheduling and confirming appointment details and times, and **NOT** as a means of therapy.

Records: You understand that this therapist will keep a record about the sessions and interactions between the therapist and the client.

Payment of Services: You understand you are **legally responsible** for payment of your therapy services. I do not take any insurance. When applicable, I do accept and work with Victim Compensation Funding. You are solely responsible for taking statements from our sessions to your insurance provider for out-of-network reimbursement. I cannot tell you what your particular plan covers and have no role in deciding what is covered.

Emergencies:

I provide **non-emergency** psychotherapeutic serviced by scheduled appointment only. If I believe your therapeutic issues are above my level of competence, or outside of my scope of practice, I am legally required to refer, terminate or consult. If, for any reason, you are unable to contact me by telephone number I provided you (720-460-0872), and you are having a **true emergency**, you will call **911** or check yourself into the **nearest hospital emergency room**. If you must seek after hours treatment from any counseling agency or center, you will be responsible for any fees due.

If you have questions about any of these matters, please ask, and I will be happy to explain them to you.

Acknowledgement by Client:

I certify that I have been informed of my therapist's degrees, credentials, certifications and licenses, and of education, experience and training required in obtaining them. The information has also been provided to me verbally, if requested by me. I have had an opportunity to read the preceding information and to ask any questions of my therapist about the statements in this disclosure form. I understand my rights as a client.

Client Signature: _____

Date: _____

Printed Client Name: _____

Therapist Signature: _____

Date: _____