

Informed Consent for Treatment

The State of Colorado Department of Regulatory Agencies requires that all psychotherapists inform you, the client, of the following information:

1. About the Psychotherapists:

A. Contact Information:

Emily McNeil, LPC, R-DMT, EMDR-1 cert.
2680 18th St., Suite 150A
Denver, CO 80211
(303) 817-0730; ewmcneil@hotmail.com

B. Degrees:

MA in Somatic Psychology with a Concentration in Dance/Movement Therapy;
Naropa University, 2005
BA in Psychology, BA in Dance, magna cum laude; Bryn Mawr College, 2001

C. Credentials and Professional Organization Memberships:

Licensed Professional Counselor, #5265, State of Colorado
Registered Dance/Movement Therapist, #2005-DTR-1444, American Dance Therapy Association
EMDR Certified
Member of the American Dance Therapy Association
Member of the Colorado Association of Infant Mental Health

D. Contact Information:

Jennifer Platt, LPC, R-DMT, EMDR-1 cert.
2680 18th St., Suite 150A
Denver, CO 80211
(303) 618-3095; jennplatt2@gmail.com

E. Degrees:

MA in Somatic Psychology with a Concentration in Dance/Movement Therapy;
Naropa University, 2005
BFA in Contemporary Dance, North Carolina School of the Arts, 1998

F. Credentials and Professional Organization Memberships:

Licensed Professional Counselor, #6468, State of Colorado
Registered Dance/Movement Therapist, #2009-DTR-1422, American Dance Therapy Association
EMDR Certified
Member of the American Dance Therapy Association
Member of the American Psychological Association

G. Contact Information:

Debbie Carter, NCC, LPCC
2680 18th St., Suite 150A
Denver, CO 80211
(720) 935-2440; dcartercounseling@comcast.net

H. Degrees:

MA in Counseling Psychology with a concentration in Couple and Family Therapy from the University of Colorado, Denver: 2012
MS in Family Life from Concordia University, 2005
BS in Elementary Education, major concentration in Early Childhood Education from Concordia Teachers, College, 1977

I. Credentials and Professional Organization Memberships:

National Certified Counselor # 291787
State of Colorado Licensed Professional Counselor Candidate # 0014468
Member of the American Counseling Association
Member of the Colorado Counseling Association
Member of the National Association of Play Therapy
Member of the Colorado Association of Play Therapy

J. Contact Information:

Eli Moch, LPC, ATR, EMDR-II
2680 18th Street, Suite 150A
Denver, CO 80211
(303)547-6254 elishvamoch@gmail.com

K. Degrees:

MA in Transpersonal Counseling Psychology with a Concentration in Art Therapy from Naropa University: 2004
BA in Art History with a minor in Fine Arts

L. Credentials:

Licensed Professional Counselor # 4682 State of Colorado
Registered Art Therapist #07-268
EMDR-II
Bilingual - Spanish

2. Regulation of the Practice of Psychotherapy:

The Colorado Department of Regulatory Agencies 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 the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the:

Department of Regulatory Agencies
Mental Health Section
1560 Broadway, Suite 1350
Denver, CO 80202
(303) 894-7766

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 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 1000 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 reregistered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

3. Client Rights, Policies, and Important Information:

- a. You are entitled to receive information about the methods of psychotherapy, the techniques used, the duration of the therapy (if known), and the fee structure. Please ask at any time.
- b. You may seek a second opinion from another therapist or terminate therapy at any time.
- c. 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. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section at (303) 894-7766.
- d. Generally speaking, the information provided by and to a client during therapy is legally confidential if the therapist is a licensed psychologist, licensed clinical social worker, licensed professional counselor, licensed marriage and family therapist, certified school psychologist, registered psychotherapist, or master's level counseling intern. If the information is legally confidential, the therapist cannot be forced to disclose information without the client's consent.

When working with a minor, a summary of the child's progress will be provided to the parent(s) or guardian(s) upon request, but information provided during therapy by the minor is also protected by law.

Information disclosed during therapy to one of the professionals listed above 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.

The following are exceptions to the legal rule of confidentiality:

- i. You sign a release of information form giving permission for the therapist to provide specified information about your treatment to a particular individual or agency.
- ii. The therapist suspects or has proof of child abuse and/or neglect
- iii. The therapist suspects or has proof of abuse and/or neglect of elderly or disabled individuals.
- iv. You are in imminent danger of harming yourself and/or others.

- v. Therapist testimony is subpoenaed in criminal court cases and orders to violate privilege by judges in child-custody, divorce, and other court cases.
 - vi. You file a suit against the therapist.
 - vii. The therapist is being reviewed by the Mental Health Section of the Division of Registrations.
 - viii. There are exceptions to this confidentiality, some of which are listed in the Notice of Privacy Rights you were provided.
- e. The therapists at The Mariposa Center work with a medical biller. In accordance with HIPAA, for billing purposes only pertinent information is disclosed to the biller, including name, demographic and contact information, diagnoses, social security number, and any similar information required by your insurance company or reimbursement program. If you have any questions about the medical billing process, please do not hesitate to contact:
Jessica Dennis
Colorado Medical Billing, LLC
5738 Olde Wadsworth Blvd.
Arvada, CO 80002
PH: (720) 898-8711
F: (720) 897-2833
comedbill@gmail.com
- f. The therapists at The Mariposa Center will from time to time consult with each other about best practices for their clients, and may also provide in person consultation for the client on an as-needed basis.
 - g. In therapy where a family is the “client,” the therapist holds a “no secrets” policy. All members of the family are treated equally and secrets are not kept that require differential or discriminatory treatment of family members.
 - h. The therapists provide non-emergency psychotherapeutic services by scheduled appointment. If one of the therapists believes your psychotherapeutic issues are above her level of competence or outside of her scope of practice, the therapist is legally required to refer, terminate, or consult. If, for any reason, you are unable to contact your therapist by telephone, and you are having a physical or mental health emergency, please dial 911 or go to your nearest emergency room.
 - i. It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. E-mails and texts, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can easily be sent erroneously to the wrong address. Please notify your therapist at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not use e-mail or faxes for emergencies. Please note that the business numbers for all of the therapists are cell phone numbers.
 - j. If you have questions or would like more information, please ask at any time.

I have read the preceding information and it has also been provided verbally. I understand my rights as a client or parent of a client. By signing below I acknowledge my understanding and agree to all the terms discussed in

this disclosure statement. I also affirm, by signing this form, that I am the legal guardian and/or custodial parent with legal right to consent to treatment for any minor child or children for whom I am requesting psychotherapy services.

Client(s) Name(s): _____

Client or Parent/Guardian Signature: _____ Date: _____

_____ Date: _____

Therapist Signature: _____ Date: _____