



Informed Consent for Treatment and Disclosure Statement

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

1. More about our therapists: The Mariposa Center is an umbrella organization that provides high-quality mental health counseling. Our mental health professionals, as designated below, provide mental health services through The Mariposa Center, but have their own independent mental health practices and are sole proprietors of their own practices. The mental health professionals are all listed below here for client continuity of care.

A. Contact Information:

Emily McNeil, LPC, BC-DMT, EMDR-Certified
4704 Harlan St., Suite 200
Denver, CO 80212
(303) 817-0730; emily@mariposacenterdenver.com

Degrees:

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

Credentials and Professional Organization Memberships:

Licensed Professional Counselor, #5265, State of Colorado
Board Certified Dance/Movement Therapist, #2005-DTR-1444, American Dance Therapy Association
EMDR Certified Level 1 - trained by John Hartung, PhD; EMDRIA approved trainer; 2012
Member of the American Dance Therapy Association
Member of the Colorado Association of Infant Mental Health

B. Contact Information:

Jennifer Platt, LPC, R-DMT, EMDR-Certified
4704 Harlan St., Suite 200
Denver, CO 80212
(303) 618-3095; jenn@mariposacenterdenver.com

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

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 Level 1 - trained by John Hartung, PhD; EMDRIA approved trainer; 2012
Member of the American Dance Therapy Association
Member of the American Psychological Association

Emily McNeil, LPC, BC-DMT, EMDR-Cert. Jennifer Platt, LPC, R-DMT, EMDR-Cert.

Megan Hall, LPC, R-DMT Dafnah Meron, LCSW

4704 Harlan St. Suite 200 Denver, CO 80212 Phone: 720-288-5090 Fax: 720-541-6936 www.MariposaCenterDenver.com

C. Contact information:

Megan Hall, MA, LPC, R-DMT
4704 Harlan St., Suite 200
Denver, CO 80212
303-630-9761; megan@mariposacenterdenver.com

Degrees:

MA in Dance/Movement Therapy & Counseling; Columbia College Chicago; 2011
BA in Psychology, Minor in Dance; Knox College; 2008

Credentials and Professional Organization Memberships:

Licensed Professional Counselor, #12326, State of Colorado
Registered Dance/Movement Therapist, R-DMT-1834, American Dance Therapy Association
Member of the American Dance Therapy Association

D. Contact information:

Dafnah Meron, MSW, LCSW
4704 Harlan St., Suite 200
Denver, CO 80212
720-663-9593; dafnah@mariposacenterdenver.com

Degrees:

MSW with concentration in Interpersonal Practice with Children and Families; University of Michigan; 2012
BS in Leadership; University of Delaware; 2007

Credentials and Professional Organization Memberships:

Licensed Clinical Social Worker #09924262, State of Colorado

E. Contact Information:

Sloan Solomon Komadina, MA, LPCC (supervised by Emily McNeil, LPC, BC-DMT, EMDR-Certified)
4704 Harlan St., Suite 200
Denver, CO 80212
(720) 288-5090; extern@mariposacenterdenver.com

Degrees:

Bachelor of Science in Psychology; University of Colorado Boulder; 2011
Master of Arts in Counseling, concentration in Couple and Family Counseling; University of Colorado Denver;
2017

Credentials and Professional Organization Memberships:

Licensed Professional Counselor Candidate, LPCC. 0015553, State of Colorado
Member of the American Association for Marriage and Family Therapy
Member of American Counseling Association

F. Contact Information:

Theresa Casados, MA (supervised by Jennifer Platt, LPC, R-DMT)
4704 Harlan St., Suite 200
Denver, CO 80212
(720) 288-5090; extern@mariposacenterdenver.com

Degrees:

Master of Arts in Elementary Education: Curriculum and Instruction; University of Colorado, Boulder; 2003
Bachelor of Arts in Sociology; University of Colorado, Boulder; 2001

Degree in Progress:

PsyD School Psychology; University of Colorado, Denver; Projected 2019

Credentials and Professional Organization Memberships:

Licensed Teacher #196020, State of Colorado, Endorsement: Elementary Education (K-6)
Licensed Psychotherapist, NLC.0107661
Member of the National Association of School Psychologists
Member of the Colorado Society of School Psychologists

G. Contact Information:

Aditi Uttarwar, BS (supervised by Jennifer Platt, LPC, R-DMT)
4704 Harlan St., Suite 200
Denver, CO 80212
(720) 288-5090; info@mariposacenterdenver.com

Degrees:

Bachelors of Science in Psychology with an emphasis in Biology; Univeristy of California, Davis; 2009

Degree in Progress:

Masters of Arts in Somatic Psychology with a concentration in Dance/Movement Therapy; Naropa University;
Projected 2018

Credentials and Professional Organization Memberships:

Registered Psychotherapist, NLC.0107751
Member of the American Dance Therapy Association

H. Contact Information:

Erin Mudgett, BSW (supervised by Dafnah Meron, MSW, LCSW)
4704 Harlan St., Suite 200
Denver, CO 80212
(720) 288-5090; info@mariposacenterdenver.com

Degrees:

Bachelor of Social Work; Univeristy of North Carolina at Wilmington; 2008

Degree in Progress:

Masters of Clinical Mental Health Counseling with a concentration in Art Therapy; Naropa University; Projected 2018

Credentials and Professional Organization Memberships:

Registered Psychotherapist, NCL.0107855
Member of the American Counseling Association
Member of the American Art Therapy Association
Member of the Art Therapy Association of Colorado

I. Contact Information:

Lori Gray, BA (supervised by Megan Hall, LPC, R-DMT)
4704 Harlan St., Suite 200
Denver, CO 80212
(720) 288-5090; info@mariposacenterdenver.com

Degree:

Bachelor of Arts in Sociology/Anthropology and Dance; West Virginia University; 1997

Degree in Progress:

Masters of Clinical Mental Health; Adams State University; Projected 2018

Credentials and Professional Organization Memberships:

Licensed Professional Counselor Candidate, #15346, State of Colorado
Member of the American Counseling Association
Member of the American Dance Therapy Association
Member of the Colorado Counseling Association

Your primary therapist is: _____

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 and licensed addiction counselors, 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
DORA_MentalHealthBoard@state.co.us

The levels of Psychotherapy Regulation in Colorado include licensing (requires minimum education, experience, and examination qualifications), Certification (requires minimum training, experience, and for certain levels, examination qualifications), and Registered Psychotherapist (does not require minimum education, experience, or examination qualifications). All levels of regulation require passing a jurisprudence take-home examination.

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

Our clinical interns and clinical externs are Registered Psychotherapists listed in the Colorado database, and thereby authorized to practice psychotherapy. They are not licensed psychotherapists and are not required to satisfy any standardized educational or testing requirements to obtain registration in Colorado. All of our clinical interns and externs are under the supervision of licensed mental health professionals.

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 and review our financial and procedural policies.
- 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 or DORA_MentalHealthBoard@state.co.us.
- 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 or licensed addiction counselor, psychologist candidate, registered psychotherapist, licensed professional counselor candidate, marriage and family therapist candidate, or counseling intern. If the information is legally confidential, the therapist cannot be forced to disclose information without the client's consent or in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates.
- e. 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. If the minor is fifteen (15) years of age or older, it is within your primary therapist's discretion to advise the parents of the services given to or needed by the minor.
- f. You are entitled to request restrictions on certain uses and disclosures of protected health information as provided by 45 CFR 164.522(a), however, The Mariposa Center is not required to agree to a restriction request. Please review The Mariposa Center's Notice of Privacy Practices.
- g. There are exceptions to this confidentiality, some of which are listed in the Notice of Privacy Practices you were provided. 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 reasonably suspects or has proof of child abuse and/or neglect.
 - iii. The therapist reasonably suspects or has proof of abuse, neglect, and/or exploitation of elderly or disabled individuals.
 - iv. You are in imminent danger of harming yourself and/or others, including those identifiable by their association with a specific location or entity. In this situation, your primary therapist is required to

disclose such information to the appropriate authorities or to warn the party, location, or entity you have threatened.

- 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 or grievance against the therapist.
- vii. The therapist is being reviewed by the Mental Health Section of the Division of Registrations.
- viii. These provisions do not apply in delinquency or criminal proceedings except as provided in C.R.S. 13-90-107.

There may be additional exceptions as provided by HIPAA regulations and other federal and/or Colorado laws and, regulations such as those listed in C.R.S 12-43-218 that may apply. Your primary therapist will identify these situations, if practicable, as they may arise during treatment or during the professional relationship.

- h. 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

The therapists at The Mariposa Center have entered into a Business Associates Agreement with Colorado Medical Billing, LLC, in accordance with HIPAA requirements.

- i. There may be times when your primary therapist may need to consult with a colleague or another professional such as an attorney or supervisor, about issues raised by you in therapy. Your confidentiality is still protected during consultation by your primary therapist and the professional consulted. Only the minimum amount of information necessary to consult will be disclosed. Signing this disclosure statement gives your primary therapist permission to consult as needed to provide professional services to you as a client. You will need to sign a separate Authorization for Release of Information for any discussion or disclosure of your protected health information to another professional besides an attorney retained by your primary therapist.
- j. 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. This means that there may be times when individual sessions would be beneficial to the therapeutic process in the course of family counseling. If your therapist meets with one or multiple members of the family in individual sessions, the contents of those meetings will likely be shared with the non-attending members at the next group/family session. The information shared in individual sessions is **not** confidential from the other participating members. Should you reveal information that may be harmful to other participating members and you refuse to disclose the information, therapy services, among other things, may be terminated. Your primary therapist may choose to disclose information revealed in the individual sessions if s/he, in his/her sole discretion, determines that the information must be disclosed for therapy to be effective. If appropriate, your primary therapist will give you the opportunity to disclose the information first. However, your primary therapist will not lie or refuse to answer any question posed by the other family members. Should you feel it is necessary to disclose something to your primary therapist and keep that information confidential, your primary therapist can refer you to another therapist who can treat you individually. Please be aware that information you choose to share with

your primary therapist that is particularly pertinent to all participating members of the family may come out in counseling. This pertains to all face-to-face, written, and phone conversations and messages. Your primary therapist cannot be subpoenaed to testify or produce records without consent and authorization from all participating members of the family.

- k. The therapists provide non-emergency psycho-therapeutic services by scheduled appointment only. If one of the therapists believes your psychotherapeutic issues are above his/her level of competence or outside of his/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 true physical or mental health emergency, please dial 911, go to your nearest emergency room, or call Colorado's Crisis Hotline (844) 493-8255. If you must seek afterhours treatment from any counseling agency, center, emergency room, hospital or similar facility, you are solely responsible for any fees due. The Mariposa Center does not provide afterhours service without an appointment.
- l. In the case that your primary therapist becomes disabled, dies, or is away on an extended leave of absence (hereinafter "extraordinary event,") another therapist ("the Mental Health Professional Designee") at The Mariposa Center will have access to your client files. If your primary therapist is unable to contact you prior to the extraordinary event occurring, The Mariposa Center will contact you. Please let your primary therapist know if you are not comfortable with the other therapists listed above and you can discuss possible alternatives with primary therapist at this time.

The purpose of the Mental Health Designee is to continue your care and treatment with the least amount of disruption as possible. You are not required to use the Mental Health Professional Designee for therapy services, but the Mental Health Professional Designee can offer you referrals and transfer your client record, if requested.

- m. Paper patient records are kept in locked file cabinets at The Mariposa Center. Electronic records are stored on the computer of your primary therapist. Information is backed-up regularly through additional harddrives and on "the cloud."
- n. Although confidentiality extends to communications by text, email, telephone, and/or other electronic means, The Mariposa Center cannot guarantee that those communications will be kept confidential and/or that a third-party may not access the communications. Even though The Mariposa Center utilizes current encryption methods, firewalls, and back-up systems to help secure communications, there is a risk that the electronic or telephone communications may be compromised, unsecured, and/or accessed by a third-party. It is very important to be aware that email and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. Emails and texts, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all emails that go through them. Faxes can easily be sent erroneously to the wrong address. Please limit communication by text or email to administrative purposes only and do not use them as an avenue for therapy. NEVER use email or text for emergencies. Please note that the business numbers for all of the therapists are cell phone numbers.
- o. This form is compliant with HIPAA regulations and no medical or therapeutic information or other information related to your privacy will be released without permission unless mandated by Colorado law as described in this form and the Notice of Privacy Policies and Practices. Consistent with HIPAA guidelines authorizations for release and consent for treatment will be automatically revoked one year after signing date. You received The Mariposa Center's Notice of Privacy Policies and Practices, and acknowledge receipt of the policy.

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 if I am unable to read or have no written language. 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: _____