



PCD Counseling

spiritually sensitive — clinically informed

9185 E. Kenyon Ave. Suite 120
Denver, Colorado 80237

www.pcdcounseling.com

Tel: 303-741-5588
Fax: 303-741-9977

Werner K. Boos, Psy.D.

Dear Client/Parent:

The following information is presented for your understanding and is important for the beginning of our therapeutic relationship. In the State of Colorado, I am required to inform you of my degrees, credentials and education, and of your rights as a client. This information along with certain policies of my practice are presented below:

My credentials and education:	Psy.D.	University of Denver, 1982, Clinical Psychology
	S.T.M.	Concordia Seminary, 1972, Pastoral Counseling
	M.Div.	Concordia Seminary, 1971, New Testament Studies
	B.A.	Concordia Senior College, 1967, Classical Languages

I am licensed in the State of Colorado as a Clinical Psychologist (#1015); I am a Diplomate (Supervisor) in the American Association of Pastoral Counselors; and I am an ordained pastor in the Lutheran Church-Missouri Synod, Rocky Mountain District.

In the State of Colorado the practice of both licensed or registered persons in the field of psychotherapy is regulated by the Department of Regulatory Agencies. The State Board of Licensed Psychologist 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:

- 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.
- Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.
- Certified Addiction Counselor III (CAC III) must have a bachelors degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.
- Licensed Social Worker must hold a masters degree in social work.
- 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.
- 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.

Your Rights as a Client:

1. 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.

2. You can seek a second opinion from another therapist or terminate therapy at any time.
3. In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate and should be reported to the State Board of Licensed Psychologist Examiners.
4. You should understand that information provided by and to you during therapy sessions is legally confidential. Therefore, I can not be forced to disclose the information without your written consent.

There are exceptions to this general rule of confidentiality which are listed in the Colorado statutes (see Section 12-43-218, C.R.S., in particular). You should be aware that legal confidentiality does not apply in the case of a serious potential for suicide; possible physical violence to another person; any known or suspected instance of child abuse (which, by law must be reported to the Department of Social Services); when a court orders information to be disclosed; and when an insurance company seeks information regarding therapy.

All records about your counseling will be maintained in locked files during your time in treatment. Only authorized persons (your counselor and his or her supervisor) will have access to them. At the completion of your counseling, these records will be summarized and kept on file for a period of ten years, after which they will be destroyed. Copies of your file can be sent to a qualified professional only by a written request from you.

Additional Policies of This Practice:

Timeliness: You can expect to start and end counseling sessions within five minutes of the scheduled appointment. If I am delayed further I will announce this to you in the waiting room.

24 Hour Coverage: PCD does not provide 24 hour coverage. However, we are committed to returning messages that are left within a reasonable amount of time.

Cancellations: When cancelling or re-scheduling an appointment, please call at least 24 hours ahead of the scheduled time. Appointments not cancelled at least 24 hours in advance may be charged.

Phone calls and consultations: When seeking assistance by phone for clinical matters, you should expect to be charged for phone contacts over ten minutes in length.

Insurance and billing: Clients are always responsible for their bill. In situations where an insurance company does not pay the expected amount, you are responsible for the balance. Our contract for services is with the client, not with the insurance company. Preferably, you will pay PCD directly and be reimbursed directly by your insurance company.

Payment: Unless other arrangements are made, payment is expected at each session. A monthly statement will be mailed to you. PCD reserves the right to charge 10% interest for accounts 90 days past due. PCD also reserves the right to make use of a collection agency to retrieve payment after 90 days, if not otherwise negotiated. All fees for collection services and court costs will be paid by you, the client.

If you have any questions or would like additional information, please feel free to ask me about such.

I have read the preceding information and understand my rights as a client. I understand that I am financially responsible for services received from PCD Counseling Services, Inc. and acknowledge receiving a copy of this document.

Client's Signature

Date

Therapist's Signature

Date