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DISCLOSURE

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1. My Degrees/Certifications/Licenses are as Follows:

Licensed Professional Counselor Candidate, Masters of Counseling, Dallas Seminary

2. Regulation of Psychotherapists

My practice as a Licensed Professional Counselor Candidate is regulated by the Department of Regulatory Agencies (DORA) at 1560 Broadway, Suite 110, Denver, CO 80202. Their phone number is 303-894-7855. The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, licensed or certified addiction counselors, and unlicensed individuals who practice psychotherapy. The practice of licensed or registered persons and Certified School Psychologists in the field of psychotherapy is regulated by the Department of Regulatory Agencies. The regulatory requirements for mental health professionals include the following:

- a. 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' degree supervision.
- b. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post doctoral supervision.
- c. A Licensed Social Worker must hold a Masters' degree in social work.
- d. 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.
- e. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience.
- f. 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.
- g. A Licensed Addiction Counselor must have a clinical Masters' degree and meet the CAC III requirements.
- h. A registered psychotherapist is a psychotherapist listed in the Colorado 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.

3. Client Rights & Important Information:

- a. You are entitled to receive information from me about my methods of therapy, the techniques used, the duration of your therapy (if I can determine it), and my fee structure. Please ask if you would like to receive this information.
- b. You can seek a second opinion from another therapist or terminate therapy at any time. c. In a professional

relationship, sexual intimacy is never appropriate and is illegal. If sexual intimacy occurs, it should be reported to the DORA.

- d. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential. Whenever the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.
- e. Information disclosed 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. There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). You should be aware that legal confidentiality will not apply in a criminal or delinquency proceeding, except as provided in section 13-90-107 C.R.S. There are other exceptions: I will identify these to you as the situations arise during therapy, but, briefly, these are (1) imminent threat of bodily harm to self or identifiable other; (2) gravely disabled, as a result of a mental disorder; (3) child/elder abuse or neglect; (4) When you or your representative files a lawsuit or grievance against your counselor (5) a court order requiring I turn over records; (6) if you are in counseling by order of a court of law, the results of the treatment ordered must be revealed to the court; (7) if there is suspected threat to national security to federal officials, I am required to report this to law enforcement. I am not required to inform you of my actions in this regard, however, if a legal exception arises during therapy, if feasible, you will be informed accordingly.
- f. Under Colorado law, parents of children under 12 years old have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, in compliance with Colorado law and HIPAA standards.
- g. All records maintained by your therapist are for the therapist's use only and are stored for a limited time period after your psychotherapy is concluded. Information about your financial account will be released to you upon your written request but all other records are the property of the therapist alone.

4. Cancellation and No Show Policy:

- a. A 24 hour notice of cancellation is required.
- b. A \$50 cancellation and no show fee is applied if less than 24 hour notice is provided (except in emergency).

5. Litigation and Court Proceedings:

If you are involved in the court system, please understand that by signing this disclosure statement you agree not to call me as a witness in any such litigation. Experience has shown that testimony by therapists causes damage to the clinical relationship. I am always happy to write letters to jurisdictions regarding a person's attendance in psychotherapy per your request.

6. Sharing of Information:

In order to provide the best possible clinical care, at times it may be necessary to share information for the sake of consulting with and/or transferring to another therapist. While some case consultations may not require the disclosure of confidential information, transfers will require the disclosure of your name and contact information. Information, such as diagnosis, appointments attended and progress is also shared with the referral source, i.e. Dr. Office, in order to collaborate and coordinate treatment services. This information is provided in a monthly treatment update, phone calls, etc. At all times, only necessary information is shared, anything beyond the necessary information requires increased consent.

If I am ever unable to contact or meet with you due to an unforeseen health or other emergency, my Professional Executor will inform you and help you transition, if necessary, to another care provider. My Professional Executor will also take over custodial care of my professional records.

7. Advance Directives:

Here is a link to a website in order to obtain further materials an education on Advance Directives:
<http://www.caringinfo.org/i4a/pages/index.cfm?pageid=1>

8. Grievances:

If you feel that your rights as a client have been violated, you may file a grievance with:

The State Grievance Board 1560 Broadway, Suite 1340
Denver, CO 80202
Phone: (303) 894-7766

The Office of Behavioral Health Colorado Department of
Human Services 3824 W. Princeton Circle
Denver, CO 80236-3111
Phone: (303) 866-7400

9. In Case of Emergency:

I do not provide emergency services. If you find yourself or your child in a life-threatening situation, you agree to take the necessary steps to keep yourself and your child safe, up to and including calling 911 or going to an emergency room (at your cost). Here are some options that may provide emergency services:

- Denver Health Center: 303.602-4851
- **State Crisis Line: 1-844-493-8255**
- **Call 911 if it is a life-threatening emergency**

If you have any questions or would like additional information, please feel free to ask. I have read the preceding information, it has also been provided verbally, and I understand my rights as a client/patient. I acknowledge that I have received a copy of this disclosure statement. By signing this form, I am giving consent to proceed with treatment.

Client/Guardian Signature Date

Client / Guardian's Printed Name

Therapist Signature Date

Radha Snyder, LPC-C
Therapist's Printed Name