



Courage to Connect Counseling, PLLC

6638 W Ottawa Ave Ste 150
Littleton, CO 80128
720-463-4969



Disclosure Statement-Brittney Grammer

Client Expectations

Dear Counselor: Here at Courage to Connect Counseling, PLLC, it is my desire to provide you the best possible service for the journey you are currently walking through. My approach is individualized and collaborative; I do not follow a certain set of steps with every person. Each treatment plan will be individualized to what you believe you need at this time in your life. Many different expectations may arise when entering counseling. Each person will expect something different, but it is my obligation to be open and honest about certain expectations. *I am not in the business of “people fixing”*; I am here to help explore different areas of your life and promote a safe environment where your personal growth is possible. I am an outside source that will be willing to question different behaviors and thoughts to provide some light in areas of darkness. *Minimal effort will not produce desired results*; counseling requires dedicated work in session and out of session. By attending every scheduled session, arriving on time, using the restroom before your appointment, and turning off all electronic equipment, you can remove delays and distractions that get in the way of in-session progress. You may make the most of your time between sessions by completing responsibilities that we agree upon in session; making time in your schedule to process what you are learning; and enlisting the help of other people in your life who can support you in your growth efforts. *Counseling alone will not optimize your results*; there will be some great work done in counseling, but there are also other resources that I may recommend such as: books, movies, workshops, groups, articles or other means that will help maintain the work we do in session. While my short-term goal is to help you effectively build the skills and knowledge you need to achieve your therapeutic goals through the framework of a safe, supportive, and trustworthy therapeutic relationship. My long-term goal is to work myself out of a job by helping you to build relational, cognitive, emotional, spiritual, physical, and vocational expertise that will help you pursue your long-term goals for your life. The more passionately you pursue your goals in and between sessions, the better your progress will be.

*Note**There are both benefits and risks associated with professional therapy. Benefits include: a greater understanding of yourself; improved self-esteem and increased sense of self-worth and hope; resolution of internal and external conflicts that are negatively affecting your life; development of skills in order to cope better with life’s challenges. Risks include: feeling more depressed or sad as difficult issues are being dealt with; and lack of resolution of issues if therapy is ended prematurely. There can be no guarantee of results with therapy, but clients who participate fully generally find the experience well worth their investment. Time, energy and commitment are the keys to the successful completion of therapy. I encourage you to discuss any concerns you have regarding this process as they arise.*

Degrees and Certifications

- Masters of Arts in Clinical Mental Health Counseling – University of Northern Colorado (CACREP)
- Bachelors of Arts in Counseling Psychology – Colorado Mesa University
- Licensed Professional Counselor Candidate (LPCC) – State of Colorado
- National Certified Counselor (NCC)
- Trained in Child-Centered Play Therapy
- Child and Adolescent Certificate - University of Northern Colorado

Regulations of Psychotherapists in Colorado

Colorado Department of Regulatory Agencies facilitates all licensing and boards for the mental health field. The practice of licensed or registered persons in the field of psychotherapy is regulated by the Division of Professions and Occupation. The State Board of Licensed Professional Counselor 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:

- * 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 of post-masters supervision.
- * 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 Social Worker must hold a master's degree in social work.
- * A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.
- * 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 bachelor's degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.
- * Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements.

Client's Rights and Important Information

Therapeutic Methods: You are entitled to receive information or request your records from your counselor about the methods of therapy, the techniques used, the duration of your therapy (if known), and the fee structure. Please feel free to ask me any questions you may have regarding your therapeutic process.

Second Opinion or Termination: You are welcome to seek a second opinion from another counselor or terminate therapy at any time. When you are ready to leave I just ask that you give me several weeks advanced notice so I can give you resources, referrals, and a plan for the closure process. I want to help you leave well and this gives me the best opportunity to help you do so, but if not possible I will try my best to help you leave well.

Professional Relationship: This is a professional relationship, not outside social, friend, or intimate relationship is appropriate-sexual intimacy is never appropriate. If this event occurs or you hear of it occurring it should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder that is listed above.

Confidentiality: Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. The contents of material disclosed to us in an evaluation, intake, or counseling session are covered by the law as private information. We respect the privacy of the information you provide us and we abide by ethical and legal requirements of confidentiality and privacy of records. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian or personal representative.

State and Federal laws require that your records are kept private. Such laws require that we provide you with this notice informing you of our privacy of information policies, your rights, and our duties. We are required to abide by these policies until replaced or revised. We have the right to revise our privacy policies for all medical records, including records kept before policy changes were made. Any changes in this notice will be made available upon request before changes take place.

Limits to Confidentiality Due to Legal Statutes: There are several exceptions where the law requires that I break confidentiality without your permission and those exceptions are listed below:

- ✓ *Abuse:* If a client states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or a child (or vulnerable adult) is in danger of abuse, the health care professional is required to report this information to the appropriate social service and/or legal authorities. If a client is the victim of abuse, neglect, violence, or a crime victim, and their safety appears to be at risk, we may share this information with law enforcement officials to help prevent future occurrences and capture the perpetrator. Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

- ✓ *Duty to Warn and Protect*: If a client discloses intentions or a plan to harm another person or persons, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.
- ✓ *Public Safety*: Health records may be released for the public interest and safety for public health activities, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military, or when complying with worker's compensation laws.
- ✓ *In the Event of a Client's Death*: In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records.

Confidentiality of Email, Cell Phone, Texts, and Fax: Please be aware that email and cell phone communications can be accessed by unauthorized people and as a result, the privacy and confidentiality of such communication can be compromised. Email and texts in particular are vulnerable to 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 to the wrong address. Please notify your counselor if you decide to avoid or limit in any way the use of these technologies. Please note that the main business number for Courage to Connect Counseling is a cell phone.

Client initials _____

Professional Misconduct: Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

Health Insurance Portability Accountability Act (HIPAA): This form is compliant with HIPAA regulations and no medical or psychotherapy information, or other information related to your privacy, will be released without your written permission; unless mandated by Colorado law. Consistent with HIPAA guidelines authorization for release and consent for treatment will be automatically revoked one year after the signing date.

Minor Clients: Specific content will be held confidential when I consult with parent(s) regarding children and adolescent clients under age 15. There may be an exception when the welfare of the minor requires me to tell the parent(s), and in most cases I will arrange a joint meeting between the minor and their parent(s). Consent of both parents is required if there are child custody orders in place as a result of a divorce/separation AND if decision-making for the child is shared. If you have sole decision-making authority for your child, your counselor will require a copy of court orders stating this.

Couple Clients: In couples counseling, I maintain a "no secrets" policy stating that if one partner discloses information without the other partner present I will not keep it confidential from the other partner. Information disclosed in couples counseling will otherwise uphold all other confidentiality regulations.

Divorce & Custody Litigation: If you are involved in divorce or custody litigation, my role as a counselor is not to make recommendations to the court concerning custody or parenting issues. By signing this Disclosure Statement, you agree not to subpoena me to court for testimony or for disclosure of treatment information in such litigation; and you agree not to request that I write any reports to the court or to your attorney, making recommendations concerning custody. The court can appoint professionals, who have no prior relationship with family members, to conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family's children.

Office Expectations: You will not receive services if you show up to my office under the influence of drugs or alcohol. If this is something that is necessary for functioning, please plan your time around our session carefully so that you have a clear head when you come to my office. If you come to the office under the influence the session will not proceed, if necessary, proper people or authorities will be contacted to provide protection for you and others, and you will be charged the full fee for the session.

Public Encounters: If we ever happen to see each other in public, in order to protect your confidentiality, I will not approach or speak to you first. You are welcome to approach or speak to me first, and I will follow your lead in the conversation. I will not risk your confidentiality by approaching you first, but if you choose not to approach me to protect your confidentiality I will certainly not be offended.

Professional Consultation: To assure the quality of your care, I am currently under supervision of Rebecca Frank MA, LPC, NCC license number LPC: 0014314, Colorado. This professional is bound by the legal confidentiality regulations described above concerning the information you disclose in therapy. For purposes of ensuring my professionalism and my growth as a counselor there may be times that I video or audio tape our sessions. This is solely for counselor development and training. When working with children in certain circumstances there may be video or audio tape and it will be discussed with each parent and child when the circumstances are appropriate. If I consult with other colleagues and professionals in the field regarding issues pertinent to your therapy, your circumstances will be generalized and all identifying information will be hidden.

Record Retention: Any person who alleges that a mental health professional has violated the licensing laws related to the maintenance of records of a client eighteen years of age or older, must file a complaint or other notice with the licensing board

within seven years after the person discovered or reasonably should have discovered this. Pursuant to law, this practice will maintain records for a period of seven years commencing on the date of termination of services or on the date of last contact with the client, whichever is later. When the client is a child, the records must be retained for a period of seven years commencing either upon the last day of treatment or when the child reaches eighteen years of age, whichever comes later, but in no event shall records be kept for more than twelve years.

General Counseling Information

Session Length: After your initial 20-minute phone consultation, counseling sessions will be 50 minutes in length. Your counseling session begins at the time of your appointment. If you are late, you are welcome to complete whatever time remains of your appointment as initially scheduled (exceptions may be made).

Fees: An individual session is 50 minutes and the fee is \$100. There is no charge for cancellations made 24 hours prior to your session. **Sessions that are missed or cancelled less than 24 hours in advanced will be charged the full amount.**

Insurance: We are a private pay practice. We do not work directly with any insurance companies. For other insurance companies, while we do not accept insurance, we can provide you with a super-bill at the end of the month so you can submit that for and request for reimbursement for the out-of-network service. In regard to Medicaid, it is not legal for us to accept out of pocket payment for sessions and it could cause issues with your coverage if you choose to do so. If you are currently on Medicaid please let us know immediately so we can find you a provider that accepts Medicaid.

Payment Procedures: I accept cash, personal checks, or credit cards. If a personal check is returned, a \$35 service fee will be added to the original amount of the check and be charged to your credit card. These direct billing methods safeguard our relationship by allowing our time to focus on progress toward your goals, rather than on payment logistics and delays. They also allow me to avoid disclosing your billing information to collection agencies, or independent billing companies aside from your personal credit card company. If you have an unpaid balance, I will send a statement to your current mailing address, if the payment is not made within 60 days, your balance will be turned over to a collection agency.

Contact Policy: Please understand that I do not offer services outside of my normal therapy hours, and so I may not be available for support outside of scheduled therapy sessions. Please allow me 48 hours to get back with you although in most cases it will take me less than 24 hours. **If you cannot get ahold of me and it is an emergency, please call 911 if you feel that you or someone else is in danger. For crisis support, please contact the Denver Metro Crisis Hotline at 1-888-885-1222, Colorado Crisis Services 1-844-493-8255, Jefferson Center for Mental Health (303) 425-0300, Denver Suicide/Depression Hotline (303) 860-1200 or Denver Youth Support Line (303) 894-9000.**

By signing this Disclosure Statement, I agree that I have read the above information, and I understand the rights and limitations as a counselee receiving counseling at Courage to Connect Counseling, PLLC. I may request a copy for my personal records.

Client's Name (print)

Date

Client's Signature

Date

Client's Signature (Guardian's Signature for minors)

Date

Client's Signature (Guardian's Signature for minors)

Date

Counselor's Signature

Date