

Elizabeth Warson, Ph.D., ATR-BC, LPC, NCC
Healing Pathways, LLC: Arts-Informed Counseling & Consultation
Licensed Professional Counselor, Level I EMDR Practitioner
1136 East Stuart Street, Building 2, Suite 2240
Fort Collins, CO 80525
(970) 222-4674
HealingPathwaysLLC.com

Disclosure Statement and Agreement

Welcome! Your decision to enter counseling is an opportunity to turn a crisis into new understanding. This description has been prepared to inform you about my qualifications and what you can expect from me as your therapist. The following describes my credentials, outlines my policies, and clarifies your rights as a client. Please read this form carefully. Sign one copy and leave it with me, and keep one copy for your files. Feel free to ask questions or discuss this information at any time.

Credentials

I completed my Ph.D. in Education and Human Resource Studies with an emphasis in research from The School of Education at Colorado State University, which has an accredited CACREP (Council for Accreditation of Counseling and Related Educational Programs) program in counseling education. I am registered with the state of Colorado as a Licensed Professional Counselor (LPC# 2199) and am a Clinical Member of the American Counseling Association. In addition to my state license, I hold a national certification from the NBCC (National Board for Certified Counselors.) I received my master's degree and training from Vermont College of Norwich University, which has an accredited ATCB (Art Therapy Credentials Board) program in art therapy. I am a Board-Certified Registered Art Therapist with the ATCB.

My post-graduate training entails Level I EMDR (Eye Movement Desensitization and Reprocessing) in addition to an Accelerated Traumatology Course through Intensive Trauma Treatment. I am presently completing a certificate program through Trauma-Informed Practices and Expressive Arts Therapy Institute and Learning Center. My respective faculty positions at Eastern Virginia Medical School and The George Washington University have further informed my clinical practice in terms of researching the efficacy of art therapy.

Sessions and Fees

Individual, couples, and family therapy sessions are 60 minutes in length. If you are late for your session, our time may need to be shortened and you will be charged the full session fee. The standard fee per session is \$95. Group therapy sessions are 90 minutes in length. The standard fee per group session is \$50. Payment is due at the end of each session. If we agree to have an individual, a couples, or a family session lasting longer than 60 minutes, you will be responsible for paying the additional

amount based on the regular session fee. Additionally, fees may be charged for other services such as consultation with other professionals, preparation of reports or correspondence, phone calls longer than 10 minutes, or missed appointments.

Cancellation Policy

If you need to cancel an appointment, please let me know at least 24 hours in advance. If 24-hour notice is not given, a full session fee may be charged and due by the next session.

Health Insurance Claims

You are responsible for your bill and for recovering the insurance reimbursement.

Availability

I am not typically available after business hours. If you feel you need a therapy service with more after-hours availability, I can refer you to other sources for service. **My practice is covered by a 24-hour voice mail system. I will try to return your call during business hours of the same or next business day.** I do not check my voice mail after normal business hours or on the weekend. If your call is urgent, please make that clear; I will try to return your call within two hours of receiving the message. If assistance is needed prior to my returning your call, you can contact various emergency services in town, which may be found in the local phone directory or call 911. When I am out of town, a list of colleagues will be recommended and indicated by my voice mail message. If setting up a support system for emergencies is important to you, please let me know and we can make supportive provisions for those times.

Regulation of Psychotherapists

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The regulatory boards can be reached at 1560 Broadway, Suite 1350, Denver, CO 80202, (303) 894-7800. The regulatory requirements for mental health professionals provide that 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 of 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 Master's 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 Addictions Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1,000 hours of supervised experienced. 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 experienced. A Licensed Addiction Counselor must have a

clinical master's degree and meet the CAC III requirements. A Registered Psychotherapist is 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.

Client Rights and Important Information:

- a. You are entitled to receive information from me about my methods of therapy, the techniques I use, and the duration of your therapy, and my fees. Please ask if you wish 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 (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy does occur, it should be reported to the board that licenses, certifies or registers the therapist.
- d. Generally speaking, information provided by and to a client in a professional relationship with a psychotherapist is legally confidential, and the therapist cannot disclose the information without the client's consent. However, there are several exceptions to confidentiality, comprising the following:
 - o I am required to report any suspected incident of child/elder abuse or neglect to law enforcement;
 - o I am required to report any threat of imminent physical harm by a client to law enforcement and to the person(s) threatened;
 - o I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or to others, or who is gravely disabled as a result of a mental disorder;
 - o I am required to report any suspected threat to national security to federal officials;
 - o I may be required by Court Order to disclose treatment information
- e. Under Colorado Law, C. R. S. 14-10-123.8, parents 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 will provide you (unless restricted) with a treatment summary in compliance with Colorado law and HIPAA standards.

Disclosure Regarding Divorce and Custody Litigation:

If you are involved in a divorce or custody litigation, my role as a therapist is not to make recommendations to the court concerning custody of parenting issues. By signing this Disclosure Statement and Agreement, 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.

Agreement:

The agreed upon fee per 60-minute (individual/couples/family) or 90-minute (group) session is _____. I agree to meet my financial obligations. I have read the preceding information and it has been presented to me verbally. I understand the disclosures that have been made to me. I also acknowledge that I have received a copy of the Disclosure Statement and Agreement.

Print Client's Name

Client Signature or Responsible Party

Date

If signed by the Responsible Party, identify that party's legal authority to consent to treatment:_____