

## DISCLOSURE STATEMENT

Cynthia L. Steele, M.S. Ed., NCC  
1055 Miami Way Boulder, Colorado 80305 (303) 499-9591

My degrees include a Masters Degree in Counselor Education and a Bachelors Degree in Social Work. I am a Nationally Certified Counselor.

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 agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the Department of Regulatory Agencies, Division of Registrations, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7766.

### Client Rights and Important Information:

- \* 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.
- \* You have the right to seek a second opinion from another therapist or terminate therapy at any time. I also reserve the right to discontinue meeting with you if you do not keep agreements with me, including your financial responsibilities.
- \* In a professional relationship (such as ours), sexual intimacy between a therapist and client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Division of Registrations, Mental Health Section.
- \* Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.

Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist 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 provisions

concerning the disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S. There are exceptions that I will identify to you as the situations arise during therapy.

There are situations in which, as a therapist, I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm, and I may have to reveal some information about a client's treatment. These situations are unusual in my practice: If I receive information from a child, or the parents, guardian, or custodian of a child that gives me reasonable cause to suspect that the child is abused or neglected, I am mandated by law to report the situation to the appropriate government agency.

In addition, if a client communicates an immediate threat of serious physical harm to him or herself, or to another individual, I may be required to take protective action, which may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If such a situation arises, I will make every effort to discuss it with you before taking action and will limit my disclosure to what is necessary.

#### Contacting me

When I am not immediately available by phone my voice mail will take messages. I will make every effort to return your call on the same day with the exception of evenings, weekends, holidays and vacations. In case of an emergency, and you feel you are facing a life-threatening situation and do not hear back from me promptly, always call 911 or go to the emergency department of the nearest hospital.

#### Fees and Payments

Therapy sessions generally run about 45 minutes. My hourly fee for psychotherapy services is \$90 for each visit, unless you request that your fee be set in accordance with a sliding scale. You will be expected to pay for each session at the time it is held. Fees not paid at the time of the visit will be subject to a late penalty fee of \$10.

#### Cancelled/Missed Appointments

Once an appointment hour is scheduled, you will be expected to pay for it unless you provide at least 48 hours advance notice of cancellation, with the exception of cases of illness or emergency.

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

**I have read the preceding information and understand my rights as a client/patient.**

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**Client/Patient Signature**

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**Date**

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**Therapist**

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**Date**