

DISCLOSURE STATEMENT

1. INFORMATION:

Kara Bates, MA, LMFT
1333 W. 120th Ave. Ste. 218
Westminster, CO 80234

2. CREDENTIALS:

Licensure: Licensed Marriage and Family Therapist, License #640
Degrees: M.A. in Clinical Psychology, Emphasis in Marriage and Family Therapy

3. REGULATION OF PSYCHOTHERAPISTS

The Department of Regulatory Agencies regulates the practice of both licensed and unlicensed persons in the field of psychotherapy. Questions and complaints may be addressed to the Grievance Board, which is located at: State Grievance Board, 1560 Broadway, Room 1340, Denver, CO 80202, (303)894-7766.

4. SERVICES ARE PROVIDED IN ACCORDANCE WITH THE FOLLOWING GUIDELINES:

- You are entitled to receive information about methods of therapy, the techniques used, and the duration of my therapy.
- You can seek a second opinion from another therapist or terminate therapy at any time.
- Sexual intimacy between a therapist and client is never appropriate and is illegal in the state of Colorado. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies.
- 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. There are several exceptions to confidentiality which include: (1) suspected incident of child abuse or neglect to law enforcement; (2) threat of imminent physical harm by a client to law enforcement and to the person(s) threatened; (3) initiation of 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; (4) suspected threat to national security to federal officials; (5) abuse of an elder, who is 70 years of age or older, and also abuse of an at-risk adult with an Intellectual Developmental Disability (IDD), which I believe has probably occurred, including institutional neglect, physical injury, financial exploitation, or unreasonable restraint; and (6) significant clinical information under court order.
- When concerned about a client's safety, it is my policy to request a Welfare Check through local law enforcement. In doing so, I may disclose to law enforcement officers information concerning my concerns. By signing this Disclosure Statement and agreeing to treat with me, you consent to this practice, if it should become necessary.
- 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 may provide you with a treatment summary, in compliance with Colorado law and HIPAA Standards.
- I agree not to record our sessions without your written consent; and you agree not to tape record a session or a conversation with me without my written consent.

5. DISCLOSURE REGARDING DIVORCE AND CUSTODY LITIGATION

If you are involved in divorce or custody litigation, my role as a therapist 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.

6. ELECTRONIC RECORDS AND RECORD RETENTION POLICY

- I understand that my Protected Health Information (PHI) will be stored electronically on HIPPA compliant servers operated by Therapy Appointment. Claims for insurance payments will also be submitted electronically through Office Ally.
- **My records regarding the treatment of adults will be kept for 7 years after treatment ends or following our last session, but I may not retain them after 7 years. My records for treatment of minors will be kept for 7 years, beginning on the last date of treatment or for 7 years beginning on the date when the minor turns 18 years of age, whichever is later. In no event am I required to keep these records longer than 12 years.**

7. AS A CLIENT, I HAVE THE FOLLOWING RIGHTS:

- To revoke this consent at any time.
- To receive treatment only if I or my legal guardian gives permission in writing.
- To be treated with respect and recognition of my need for dignity.
- To receive services based on my individual needs, in a setting, which supports my individual freedoms.
- To actively participate with my provider in creating a plan for my care. To include other people I think would be helpful in creating my care plan.
- To confidentiality, and to expect that none of the information about my treatment will be given to anyone without your permission except as required by law.
- To refuse treatment unless I am court ordered to receive services and to be informed of the consequence of my refusal.
- To have my family members involved in my care, at my request. To be represented by my guardian, in the case that I am unable to participate in my treatment decisions.
- To receive written notification and request a second opinion if I disagree with my provider's decision to reduce or discontinue my services, or deny me inpatient services.
- To not be discriminated against due to race or ethnicity, sex, age, disability, sexual orientation, genetic information or source of payment.
- To be informed of the rights in a way I understand.
- To complain about services at any time without retaliation.
- To be informed of the complaint/grievance procedure.

8. INFORMED CONSENT FOR TREATMENT

I have read this Disclosure Statement, understand the disclosures that have been made, and acknowledge that it has been presented to me verbally and copy of it has been provided to me. I hereby provide consent for treatment of the following client(s):

I understand my rights as a client/patient. I also acknowledge that I have received a copy the Notice of Privacy Practices.

Client Signature or Responsible Party

Date

Client Signature or Responsible Party

Date