

Carol F. Myers, M.Ed
DBA Carol F. Myers, LPC, LLC Licensed Professional Counselor

972 Pico Pt.

Colorado Springs, CO 80905

DISCLOSURE STATEMENT

License: I am a Licensed Professional Counselor in the state of Colorado. My license number is: LPC 0004259.

Degrees and training: I have an M.Ed in counseling from Tarleton State University (2000) and a BS in Elementary Education and Minor in Psychology from University of Colorado (1975). I am EMDR Trained (2013) and a Certified Heartmath Practitioner (2009).

REGULATION OF PSYCHOTHERAPISTS

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 Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.
- A licensed Social Worker must hold a Masters' 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 Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience.
- A CAC II must complete additional required training hours and 2,000 hours of supervised experience.
- A Licensed Addiction Counselor must have a clinical Master's degree and meet the CAC III requirements.
- A Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-master's supervision.

The agency within the Department that has responsibility specifically for Licensed Professional Counselors is:

State Board of Licensed Professional Counselors, 1560 Broadway, Ste. 1350, Denver, Colorado 80202

Phone: (303) 894-7800

CLIENT RIGHTS AND IMPORTANT INFORMATION

- You are entitled to receive information from me about my methods of therapy, techniques I use, and the duration of your therapy, if known, and the fee structure.
- You can seek a second opinion from another therapist or terminate therapy at any time.
- In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrars or certificate holder.
- 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. There are exceptions to this confidentiality, some of which are listed in section 12-43-21 of the Colorado Revised Statutes and the Notice of Privacy Rights (known as HIPAA), as well as other exceptions in Colorado and Federal law. These situations are as follows: (a) if you threaten grave or bodily harm or death to another person or yourself, I am required to report this to law enforcement; (b) 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; if a court of law issues a legitimate court order; (d) if you reveal information relative to child abuse, child neglect or elder abuse I am required to report this to law enforcement; (e) if you are in counseling by order of a court of law, the results of the treatment ordered must be revealed to the court; (f) 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 on this regard, however, if a legal exception arises during therapy, if feasible, you will be informed accordingly.
- 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 HIPPA standards.
- All 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.
- I agree not to record our sessions without your written consent; and you agree not to record a session or a conversation with me without my written consent.

POLICY REGARDING RECORD RETENTION

My records regarding treatment of adults will be kept for seven (7) years after treatment ends or following our last session, but may not be kept after seven years. My records for treatment of minors will be kept for seven (7) years, commencing on the last date of treatment or when the minor reaches 18 years of age, whichever comes later, but in no event am I required to keep these records for longer than 12 years.

CONFIDENTIALITY AND PRIVILEGED COMMUNICATION

Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or a registered 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) and include, but are not limited to:

- * If your therapist has reasonable cause to suspect that a child or elder has been abused or neglected
- * If you appear to be at serious risk for hurting yourself or another
- * If you are involved in a criminal proceeding (i.e. charged with a crime)
- * When you or your representative files a lawsuit or grievance against your counselor

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

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

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

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. 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.

Fees & Policies: My fee for psychotherapy is \$150.00. My intake fee for your first appointment is \$160.00. I do have sliding scale fees. Sessions will normally last 50 minutes, with the remaining 10 minutes to be utilized to update therapy notes and goals. All clients are expected to pay for services at the time of their therapy session, for private pay and if you have a co-pay. I agree to pay Carol Myers, LPC
\$ _____

In the case of my being called to court, my fees are \$200/hour, which includes travel time to and from court, time spent waiting to testify and testifying, report writing, case related phone calls, texts, and/or emails.

Cancellation Policy: I ask that you cancel any appointment that you are unable to keep **24 hours prior** to the scheduled appointment time. Please know that there will be a charge for cancelled and missed appointments unless notice is given at least 24 hours in advance, with weather and other conditions taken into consideration, when appropriate. This rate will be at my hourly rate. After 3 no shows, I may refer you to another therapist.

Electronic Communication: In signing this disclosure, you are agreeing that we can text or talk on the phone. If you wish to not communicate via text, please inform me. My hours for texting are from 8:00am - 7:00pm, I will return texts when I have time.

Emergencies: I am not equipped for or set up to be available for emergencies. If an emergency should arise, please call 988 for the national suicide and crisis lifeline or go to your closest emergency department. The Colorado Crisis and support line number is 844-493-8255.

Good Faith Estimate: Effective January 1, 2022, a ruling went into effect called the “No Surprises Act” which requires practitioners to provide a “Good Faith Estimate” about out of network care, or private pay, for the estimated cost of services if requested by the client.

I have read the preceding information and understand my rights as a client/patient. I also acknowledge that I have a received a copy of this Disclosure Statement, if requested.

_____ Client Signature/Legal Representative /Date

_____ Therapist/Date