

## Client Information and Consent to Treatment

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Welcome! It is my desire to assist you in making informed decisions about your treatment. As a client of psychotherapy and as a consumer, you have certain rights. Therefore, I will explain the information you are entitled to know, such as my view of the therapeutic process, and my expectations for the cooperative working agreement. Please feel free to ask questions about any of the following information.

1. **Education:** I obtained my Master of Clinical Social Work from Smith College in Northampton, Massachusetts in 1993. I am licensed in the state of Colorado as a licensed clinical social worker (License # 992055). I received my B.A. in Psychology from Miami University, Ohio in 1988.
2. **The Therapeutic Process:** Psychotherapy has both benefits and risks. Benefits for people who undertake counseling often include a reduction in feelings of distress, more satisfying relationships, increased clarity and resolution of specific problems. Growth nearly always brings change, and sometimes change (even positive change) causes stress. Potential risks of counseling involve recalling unpleasant aspects of your personal history that may bring up distressing thoughts and feelings. Every effort will be made to assist you to reach your therapeutic goals. If you have any concerns about your progress or the results of your counseling experience, please talk with me at any time during our work together. Duration of therapy can vary from brief to long-term, depending on the nature of your treatment issues. The length of treatment depends on the efforts of both you and I. Throughout therapy we will discuss your progress. You are encouraged to discuss any concerns about lack of progress with me. I cannot guarantee a cure and if I believe that you are not benefiting from treatment, it is my ethical duty to terminate and refer.

You are entitled to receive information from me about my methods of therapy, the techniques I use and my fee. Please ask if you would like to receive this information.

3. **General Structure of Therapy Sessions:** I do psychotherapy in weekly or biweekly sessions of 1-2 hour periods. Length or frequency of sessions can be increased or decreased to reflect the therapy needs of the client. It should be noted that if a client arrives late for a session, he/she is still responsible for the total fee of the session.
4. **Canceling Information and Scheduling:** Client must **call** to cancel a session equal to and/or no less than 24 hours in advance or he/she will be charged the full fee. Appointments can be made either by phone, face to face or by email. In the event of a bona fide emergency I will waive the 24-hour cancellation requirement.
5. **Payment:** My fee is \$140 individual/\$160 couples (cash/check/credit card/online payment on my website). Sessions can be increased or decreased as needed, wherein the cost would appropriately reflect this change. Payment is expected upon receipt of services. Outstanding balances older than 30 days will accrue a finance charge of 1.5% per month. Returned checks are subject to a charge of \$15. If you do not complete payment of your unpaid balance within three sessions, nor work out a mutually acceptable payment plan, I may refer your account to a professional collection agency, and I may terminate therapy. Phone consultations of 15-minutes or more will be charged my office visit rates. Although I prefer to remain outside of forensic/court issues, any time spent preparing for court cases is my usual office visit rate. If you become involved in legal proceedings that require my participation, my hourly fee will be charged for any legal preparation and attendance at legal proceedings.

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6. **Messages:** Every effort will be made to return calls and/or emails within a 24-hour period on weekdays, unless otherwise stated. Emails or texts should only be used for logistical purposes to schedule appointments. Never use email or text for any treatment issues. All treatment issues must be talked about in session. If you are in crisis you should call 911 or go to the nearest hospital emergency room, rather than sending an email or text message to me regarding your situation
7. **Emergencies:** While my practice is not equip to handle emergencies, please either dial 911 or head to your nearest Emergency room. I am not available on a 24/7 basis to triage a client's mental health emergency or crisis. If this is something you need I can give you a referral. I only work between the hours of 9am to 5pm Monday through Friday. If you email or text me treatment information it is my policy not to respond.
8. **Confidentiality:** Generally speaking, the information provided by and to the 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 a registered psychotherapist. If the information is legally confidential the therapist cannot be forced to disclose the information without the client's written consent. It should be noted that at 15 years of age a client can consent to his/her own treatment. 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 confidentiality, some of which are listed in section 12-43-218 as well as other exceptions in Colorado and Federal law. Some exceptions to the rule of confidentiality apply in the following cases:
- If I suspect child abuse/neglect or dependent adult abuse/neglect.
  - If I suspect an incident of abuse or exploitation of an elder 70 years and older to law enforcement.
  - If 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 legal matters are involved.
  - If there is a suspected threat to national security to federal officials.
  - If there are collection proceedings.
  - If there is a court order for counseling.
  - If you become unable to take care of yourself and additional help is required.
  - If there is a Licensing Board inquiry.
  - In some cases if you are under the age of 18.

When I am 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 treatment with me, you consent to this practice, if it should become necessary.

If you have seen another therapist or psychiatrist and that information would be helpful to your work with me, you must first agree to sign a written release before I may speak with this professional.

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, and in compliance with Colorado law.

\_\_\_\_\_Initial

You should be aware that provisions concerning disclosure of confidential communication 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, if feasible.

If you are 18 years or older and disclose to me that you were abused as a minor I do not have a duty to report **unless** the abuse has never been reported and if there is reasonable cause to know or suspect that the perpetrator has subjected another child currently under 18 to abuse or neglect or to circumstances that would likely result in abuse or neglect or if the perpetrator is currently in a position of trust as defined in C.R.S. 18-3-4-1(3.5) with regard to any child currently under 18.

When I am treating a couple or family I have a no secrets policy. If you disclose a secret to me in private and if it is my clinical judgment that this undisclosed secret will block treatment progress I will ask you to disclose this secret and if not I may terminate treatment.

9. **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.

10. **Client Rights:** The following information is provided to you in compliance with Colorado State Law. Please read the information carefully and sign below.

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 Social Work Examiners Board can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters 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 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 CAC III must have a bachelors degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Board that licenses, certifies or registers the therapist.

\_\_\_\_\_Initials

**11. Records:** Records include identifying information, dates of sessions, an initial assessment, treatment plan, and any consultations or collateral contacts made. Your records will be stored safely with attention to your privacy. They can only be released with your written permission and direction. I may sometimes summarize the content related to the request rather than release the entire record. You will not be given a photocopy of your record, but you will be granted reasonable access. If you choose to read your record, it is my policy to be present in order to respond to any questions or confusion you may have about the written records.

I agree not to audio or video record our sessions without your written consent; and you agree not to audio or video record a session or a conversation with me without my written consent.

**12. Termination:** Termination will usually be agreed upon mutually, however, you are free to terminate at any time. You can seek a second opinion from another therapist at any time. In rare instances, it may be in my best clinical judgment to terminate services despite your wish to continue. These instances can include: treatment goals have been met, a need for special services outside the area of my competency, and/or a failure to meet the terms of our fee agreement. Should this occur, the reason for termination will be discussed with you, and you will be helped to make different plans for yourself, including a referral to a more appropriate resource.

**13. Office Space:** I am an independent practitioner, and am not legally affiliated with any other mental health professional. My colleagues and I in this office share the suite, but do not operate otherwise as a group practice, do not supervise each other, and do not share treatment responsibilities. When I conduct conjoint therapy (group work, couples work, and/or wellness workshops or consultations) with another therapist or practitioner, I do not supervise their work, nor they mine. We are not responsible for each other's work and we do not share treatment responsibilities.

If you have any questions and/or concerns, please feel free to ask.

I have read the preceding information, it has also been provided verbally, and I understand the disclosures that have been made to me. I also acknowledge that I have been offered a copy of this disclosure statement.

\_\_\_\_\_  
Print Client's name

\_\_\_\_\_  
Client's or Responsible Party's Signature

\_\_\_\_\_  
Date

If signed by Responsible Party, please state relationship to client and authority to consent:

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