

## ***Mandatory Disclosure for Brighter Paths Counseling, PLLC***

Brighter Paths Counseling, PLLC  
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720-295-5823

### ***1.Regulations of Psychotherapists in Colorado***

The Colorado Department of Regulatory Agencies facilitates all licensing and boards for the mental health field. The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The State Board of Licensed Professional Counseling Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

- a. Registered Psychotherapist is a psychotherapist listed in the state's database and is authorized by law to practice psychotherapy in Colorado. However, they not licensed by the state and are not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.
- b. Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- c. Certified Addiction Counselor II (CAC II) must be a high school graduate or equivalent, complete the CAC I requirements and obtain additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam.
- d. Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete CAC II requirements, complete additional required training hours and 2,000 hours of supervised experience and pass a national exam.
- e. Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements and pass a national exam.
- f. Licensed Social Worker must hold a master's degree from a graduate school of social work and pass an examination in social work.
- g. Licensed Clinical Social Worker (LCSW), a Licensed Marriage and Family Therapist (LMFT), and a Licensed Professional Counselor (LPC) must hold a master's degree in their profession and have two years of postmasters supervision.
- h. Psychologist Candidate, Marriage and Family Therapist Candidate (MFTC) and a Licensed Professional Counselor Candidate (LPCC) must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.
- i. A Licensed Marriage and Family Therapist (LMFT)
- j. A Licensed Professional Counselor (LPC)
- k. Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision

## **2. Degrees and Certifications**

- M.S. Counseling- California State University, Hayward, CA
- B.S. Hospitality Management, Texas Tech University, Lubbock, TX
- LPCC- CO Licensed Candidate, LPCC #0015356
- Certificate in Fundamentals of Gerontology- University of Southern California,
- Patient Navigation & Case Coordination Certificate Level 1/2- University of Colorado School of Public Health
- Core I Early Start/Intervention Case Management Certificate, Berkeley, California

## **3. Client Rights and Important Information**

1. Client is entitled to receive information or request your records from your counselor about the methods of therapy, the techniques used, the duration of your therapy (if I can determine it), and the fee structure. Please ask if you have questions about these items or would like to receive this information.
2. Client is welcome to seek a second opinion from another counselor or terminate therapy at any time. Counselor requests when terminating, that the client give counselor as much advance notice as possible so resources and referrals may be passed on to client and so that counselor can plan for a successful closure process together.
3. In a professional relationship (such as ours), sexual intimacy between a counselor and a client is never appropriate. If sexual intimacy occurs, it should be reported to the board that licensed, registers, or certifies the licensee, registrant, or certificate holder: Department of Regulatory Agencies, Mental Health Section.
4. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential and cannot be released without the client's consent 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. There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statute (C.R.S. 12-43-218).
5. The use of recording devices is strictly prohibited without written consent. Neither the client nor the therapist can audio-record or video record sessions unless agreed upon beforehand with written permission.
6. Health Insurance Portability Accountability Act (HIPAA). This form is compliant with HIPAA regulations and no medical or psychotherapy information, or other information related to your privacy, will be released without your written permission; uses mandated by Colorado Law. Consistent with HIPAA guidelines authorization for release and consent for treatment will be automatically revoked one year after the signing date.
7. Minor clients-Specific content will be held confidential when counselor consults with parent(s) regarding children and adolescent clients under age 15. There may be an exception when the welfare of the minor requires me to tell the parent(s) and in most cases, I will arrange a joint meeting between the minor and their parent(s).
8. Couple Clients-In couples counseling, this counselor maintain a "no-secrets" policy stating that if one partner discloses information without the other partner present, counselor will not keep it

confidential from the other partner. Information disclosed in couples counseling will otherwise hold all other confidentiality regulations.

9. Divorce & Custody Litigation-If the client is involved in a divorce or custody litigation, the client understands that the counselor's role is not to make recommendations to the court concerning custody or parenting matters. The client agrees not to subpoena the counselor for testimony or for disclosure of treatment information in such litigation or to write reports to the court or to your attorney, making recommendations concerning custody. If the counselor is subpoenaed, the hourly rate for counselor's time will be \$130/hour.
10. Public Encounters-If counselor and client encounter each other in public, in order to protect client's confidentiality, counselor will not approach or speak to client first. Client is welcome to initiate a conversation and counselor will follow client's lead in this situation.
11. Professional Consultation-To assure the quality of your care, the counselor periodically consults with experienced individual and group supervisors regarding treatment. Supervisors and other mental health professionals are bound by the legal confidentiality standards outlined in this disclosure statement and explained in the Colorado statutes concerning the information you disclose in therapy. If the counselor consults with other colleagues and professionals in the field regarding issues pertinent to your therapy, your circumstances will be generalized and all identifying information will be concealed.

This counselors supervisor's name is Dr. Ryan M. Burkhart, EdD, MA, LPC, licensing number LPC.0012292, Colorado.

By signing this Disclosure Statement, I agree that I have read the above information, and I understand the rights and limitations as a client receiving counseling at Brighter Paths Counseling, PLLC. I have been given a copy of this disclosure for my records.

_____	_____	_____
Client Name (print)	Client Signature	Date
_____	_____	_____
Parent/Guardian Name (print)	Parent/Guardian Signature	Date
_____	_____	_____
Counselor Name (print)	Counselor Signature	Date

## *Brighter Paths Counseling, PLLC*

### *Informed Consent to Counseling and General Information*

Session Length: Counseling sessions are 50 minutes in length. The counseling session begins at the time of your scheduled appointment. If you are late, you are welcome to complete whatever time remains of your appointment as initially scheduled.

Fees: An individual session is 50 minutes and the fee is \$\_\_\_\_. There is no charge for cancellations made 24 hours prior to your session. Sessions that are missed or cancelled less than 24 hours in advance will be charged the full amount. While I do not accept insurance, I can provide you with a super-bill at the end of the month in order for you to request reimbursement.

Payment Procedures: Acceptable forms of payment are cash, personal check or credit cards. If a personal check is returned, a \$35 service fee will be added to the original amount of the check and charged to your credit card on file.

Vacation: When I schedule a vacation, I will provide you advance notice so alternative plans or other counseling can be made if needed. If a crisis arises during this time, you may call an alternate counselor or if it is an emergency, call 911 or the hotline numbers provided below.

Contact Policy: Client understands that counselor provides non-emergency therapeutic services by scheduled appointment. Should a crisis arise, client takes responsibility to notify proper authorities, call 911, or take themselves to an emergency room for immediate support. Client understands that if therapeutic needs are outside of skill set of counselor, counselor may be required to refer, terminate or seek consultation regarding the case.

For crisis support, please contact the Denver Metro Crisis Hotline at 1-888-885-1222, Colorado Crisis Services 1-844-493-8255, Denver Suicide/Depression Hotline 303-860-1200 or Denver Youth Support Line 303-894-9000.

By signing this Informed Consent, I agree that I have read the above information, understand the policies at Brighter Paths Counseling, PLLC. And give my consent to receive counseling at Brighter Paths Counseling, PLLC. I have been given a copy of this informed consent for my records.

_____	_____	_____
Client Name (print)	Client Signature	Date
_____	_____	_____
Parent/Guardian Name (print)	Parent/Guardian Signature	Date
_____	_____	_____
Counselor Name (print)	Counselor Signature	Date