

Laurie Branch, LPC
3445 Penrose Place Suite 250
Boulder, CO 80301

Disclosure Form

I have a Bachelor of Science from Kansas University in Respiratory Therapy and a Master of Arts in Pastoral Counseling from St. Thomas Seminary.

I am a Licensed Professional Counselor in the State of Colorado and a Certified Addictions Counselor Level III. I am also certified by the National Board of Counselors.

The Colorado Department of Regulatory Agencies that takes responsibility for Licensed and Unlicensed psychotherapists is the State Grievance Board. Their address is 1560 Broadway, Suite 1340, Denver, CO 80202, 303-894-7766.

CLIENT RIGHTS AND INFORMATION:

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 Boulder of Licensed Counselors Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulator 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 complete additional required training hours and 2,000 hours of supervised experience. A CACIII 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.

You are entitled to receive information about my methods of therapy and techniques used, duration of therapy (if I can determine it), and my fee structure. You can seek a second opinion from another therapist or terminate therapy at any time.

In a professional relationship (such as ours) sexual intimacy is never appropriate. If this occurs with any therapist you are in therapy with, please report it immediately to the State Grievance Board.

Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a Licensed Professional Counselor. If the information is legally confidential, the therapist cannot be forced to disclose without the client's consent.

There are exceptions to this confidentiality, some of which are listed in section 12-43-218 as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report child abuse to authorities. If legal exceptions arise during therapy, you will be informed accordingly if feasible

There are exceptions to the general rule of confidentiality. They are all safety-related. If a client were suicidal, homicidal, or abusing a child or elderly person, the therapist would be required to report to the family, police, or social services in the county involved.

I am generally available for crisis situations between the hours of 7 AM and 9 PM. Please leave a message for me at 303-444-7256. Follow the prompts for sending your message with urgent delivery. I can usually call back within a few hours. If you cannot wait for me to return a call, or if it is an emergency, call 911 or go to your nearest emergency room. When I am out of town, I have another therapist to cover my practice for me. I will leave that person's name and phone number on my voicemail message.

I do charge my full fee for "no shows." If you need to reschedule your appointment, please notify me 24 hours in advance or call as soon as you know that you need to reschedule. In the case of illness, please call first thing in the morning in order to avoid "no show" charges.

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

Signature/date: _____

Signature/date: _____

I agree to cooperate to the best of my ability with the goals of therapy. I understand that good treatment is not a guarantee of a good outcome. Because the results of therapy depend importantly on my personal cooperation, I acknowledge that no guarantee concerning the length of therapy or promise of results can be responsibly set forth. There are no refunds for services received and I agree that, if I am paying for services by credit card, I will not initiate a payback from my credit card company if I am not satisfied with my results.