

Bear Valley Counseling Center Disclosure Statement and Consent Form

We endeavor to integrate sound psychological and spiritual principles in your care. Please take the time to read this Disclosure Statement carefully, ask about any matters that seem unclear, initial where indicated, and sign the back page of the statement. A copy will be placed in your file.

Counselor:	Melannie Ehrlick, LCSW	LCSW#800
Credentials:	Montana State University – Bozeman, BA in Psychology Science	
	University of Denver, MA in Social Work	
Contact Information:	303-763-9367	mehrllick@bvcounseling.org
Supervisor:	N/A	

Emergency Contact

If you are experiencing a life-threatening emergency, call 911 or go to the nearest hospital emergency room and contact your counselor from there. A list of emergency contacts are on the next page.

Your Rights And Information

The Colorado State Department of Regulatory Agencies regulates the practice of both licensed and unlicensed therapists. Any questions, concerns or complaints may be directed to: Colorado State Grievance Board 1560 Broadway, Suite 1340 Denver, CO 80202 or call 303-894-7766.

You are entitled to receive information from any counselor concerning their methods of therapy, the techniques used, an estimation of the duration of your therapy, and fee structure.

You may at any time seek a second opinion at your own expense from another clinician and/or terminate therapy. Counselors need to be informed if you are working with more than one therapist.

Sexual intimacy between a therapist and client is never appropriate. If sexual intimacy occurs, it should be reported to the State Grievance Board.

Generally speaking, information provided to and by the client during therapy sessions is ethically confidential. This information is also legally confidential and cannot be disclosed without the client's consent except under the following conditions that are **required by law**:

- Legal confidentiality does not apply in a criminal or delinquency proceeding, client-initiated court cases or grievance inquiries, providing information to insurance companies, supervision or consultation, grave disability, court order, or client's authorization to release information. (Colorado statute 12-43-218, c.R.S. 1998)
- Mental health providers are required by law to report cases of any child neglect or physical/sexual abuse to county child protective services.
- Additionally, if any individual becomes dangerous to himself/herself or others, or is incapable of caring for himself/herself, confidentiality will be broken in order to arrange for appropriate care.
- It is the right of parents of a minor to inquire about their child's therapy. A minor is defined as a child under the age of 18 for L.P.C., Or a child under the age of 15 for Ph.D. Therapy, however, proves to be more beneficial to the client and family if the child trusts that what he/she shares in sessions is confidential. Specific content of therapy will be kept confidential for non-minor children unless the well-being of the child requires the parent to have access to such information.

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Bear Valley Counseling Center
12344 W. Alameda Parkway, Lakewood, Colorado 80228 303-763-9367

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Scheduling Policies

Standard counseling sessions are 50 minutes. Scheduling and payment is handled with your counselor. Please call our message center at 303-763-9367 to request or cancel an appointment.

Payment Policies: Please Read And Initial Each Item:

- ___ 1. Payment is due at the time of your counseling session.
- ___ 2. Fees are based on the BVCC sliding-fee schedule, which you will review with your counselor.
- ___ 3. The full session fee is charged for cancelled or missed appointments within 48 hours of appointment. (Clients receiving financial assistance are responsible for payment of cancelled/missed appointments.)
- ___ 4. We are not networked with insurance companies. However, your counselor can provide an itemized statement for you to file with your provider for reimbursement. If not reimbursed as anticipated, it is the your responsibility to address the issue with your insurance provider.
- ___ 5. Fees for auxiliary services are pro-rated at the regular hourly session fee. This includes (not limited to) written reports, insurance correspondence, court appearances and school meetings, as deemed necessary.

By signing below, I acknowledge I have read the preceding information, understand my rights as a client and agree to counseling under these conditions.

Print Name of client(s)

Signature of client(s) or Legal Guardian if client is a minor:

_____ Date _____

_____ Date _____

Witness signature _____ Date _____

In the event of an emergency please call 911 or one of the following help lines:

- Alcoholics Anonymous..... 303-322-4440
- Arapahoe/Douglas County Hotline 303-795-6187
- Arapahoe House (Drug Addiction)..... 303-657-3700
- Comitas Crisis Center 303-343-9890
- Community Reach Center 303-853-3500
- Denver County Hotline..... 303-436-6266
- HCA Support Line 303-869-1999
- Jefferson Center for Mental Health 303-425-0300
- National Suicide Prevention Lifeline 800-273-8255
- United Way Helpline 303-433-8900

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