

Boulder Psychotherapy LLC
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Disclosure Statement

Degrees, Credentials, Licenses:

Licensed Professional Counselor, State of Colorado, 1999, License number #2141

Masters of Counseling Psychology, University of Denver, 1996

Bachelor of Psychology, University of Kansas, May 1994

Address: 1909 26th Street, Suite 1D, Boulder, CO 80302

Phone: 303.775.1300

The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Colorado State Department of Regulatory Agencies under CRS 12.43.214 (1)(c). Questions or complaints may be addressed to the Colorado State Grievance Board which is located at 1560 Broadway, Suite #1340, Denver, CO 80202. Their phone number is (303)894-7766.

Under the statute CRS 12.43.214 (1)(d), the information provided by and to a client(s) during therapy sessions is legally confidential if the therapist is a licensed clinical social worker (or other licensed or unlicensed types of psychotherapists listed in the statute). When the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent. A release of information signed by a client(s) is required in order for a therapist to obtain or release any information regarding a client's therapy. There are exceptions to the general rule of legal confidentiality as required by law in CRS section 12-43-218, including: reporting child abuse, reporting and preventing threats to harm self or others (suicide/homicide), responding to a court subpoena/order, and in response to legal action. If a client participates in psychoeducational groups and/or group therapy, it is necessary for the client(s) to agree to protect and respect the privacy of the other group members. Client(s) need to agree not to share personal information, including names of other group members, with people outside the group.

Also under this statute, you are entitled to receive information about a therapist's methods of therapy, techniques used, duration of therapy (if known), and the fee structure. You may seek a second opinion from another therapist or you may terminate therapy at any time. In addition, sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the State Grievance Board. If you have any questions or would like additional information, please feel free to inquire.

Financial Agreement: My regular fee is \$120 for a 55 minute session. Your fee of \$_____per session is to be paid at the beginning of each session. I may choose

not to provide further services to you if you fail to pay for two sessions without making arrangements with me in advance.

Normally, I do not charge for brief telephone calls between sessions or brief contacts with other professionals on behalf of you (or your child). In case of extended and/or frequent contacts, I will charge you for the time on a prorated basis. I will inform you of these charges in advance.

If you are using health insurance to pay for part or all of therapy, I will be glad to provide you with a monthly statement noting the dates and fees of services. The responsibility of submitting claim forms to the insurance company is yours.

Your appointment time is reserved for you (or your child); I cannot use it for other purposes without sufficient notice. Please contact me at least 24 hours ahead of time if you need to cancel or change an appointment. Without this notice, I will charge you your session fee for the missed appointment.

From time to time I raise my regular fee. I will not do so more than once per year, and I will give you at least one month's notice.

Confidentiality: Generally speaking, the information provided by and to you (or your child) during therapy sessions is legally confidential and thus I cannot disclose it without your consent. However, as specified in the Colorado statutes (C.R.S. 12-43-218), there are exceptions to this general rule. Among them are: If you (or your child) provide me with information about possible child abuse, I must report it.

If you (or your child) reveal an intention to harm yourself or someone else, I am required to notify the authorities, and possibly others, in an attempt to protect the person who may be harmed.

Should you refuse to pay your bill, I will reveal to either my attorney or a collection agency the fact that you received professional services from me, the dates of those services and the amount that you owe.

If I am directed by a judge in a court of law to reveal information, then I must do so.

If you give me informed written permission to share information then I may do so.

Your insurance forms may require me to provide information about your (or your child's) therapy and to list a psychiatric diagnosis for you (or your child) in order for a claim to be paid.

Occasionally, I may consult with colleagues concerning how to best serve you (or your child). I will do this consultation without identifying information so that your privacy is protected. I am requesting that you give me permission to seek such consultation without obtaining a specific consent each time. If I feel that a consultation is needed with identifying information, I will obtain a separate permission from you.

My Availability: When you call my number 303.775.1300, you will reach my voice mail. I check my messages twice a day and generally return telephone calls within an appropriate time limit. If I am unavailable for an extended period of time, I will leave a specific message on my voice mail.

Because there are times that I am not available to you (or your child), I cannot provide emergency services or immediate crisis intervention. I am available to help you identify possible resources prior

to an emergency as part of our ongoing therapeutic relationship. It is important to be aware of emergency procedures as outlined by your insurance company.

What I Ask of You: I invite you to give me feedback about anything in your (or your child's) therapy. It is always helpful to get reactions to what was helpful or not about therapeutic techniques and strategies. You may always ask about my theory of psychotherapy, my practices, your bill or any other aspects of our work together, especially if you have concerns.

I have been informed of my therapist's degrees, credential, and licenses. I have read all the preceding information and understand my rights and responsibilities as a client.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

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Therapist Signature: _____ Date: _____