

## **Disclosure and Informed Consent for Psychotherapy Cynthia Tanaka Counseling and Consulting Services**

Welcome to Cynthia Tanaka Counseling and Consulting Services. This document contains important information about our services and policies. Please read it carefully, ask any questions you may have, and sign and date at the bottom.

### **Psychological Services**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the Behavioral Health Provider and patient and the nature of the difficulties you are experiencing. Psychotherapy requires an active effort on your part. In order for therapy to be most successful, you will have to work on things discussed in sessions both during therapy and at home. Psychotherapy can have both risks and benefits. Since it often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings such as sadness, guilt, anxiety, anger, and frustration. Psychotherapy has also been shown to have benefits, like improved relationships, solutions to specific problems, and reductions in feelings of distress. As with any treatment, there are no guarantees about specific outcomes.

### **Rights**

The State of Colorado requires you to be informed of your rights as a patient in psychotherapy. These rights are designed to protect you and to facilitate your active participation in your therapy.

The Mental Health Licensing Section of the Division of Registrations is responsible for regulating the practice of psychotherapy for unlicensed and licensed psycho-Behavioral Health Providers. Information about how to file a complaint with the appropriate board can be obtained by contacting the Board of Mental Health Examiners and can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

The law requires that you be informed of your Behavioral Health Provider's training, credentials, licenses and professional status.

I received a B. A. in Psychology and Masters degree in Community Counseling from Adams State College. I am a Licensed Professional Counselor, (License #5724) and Nationally Certified Counselor (# 225756), Certified Clinical Mental Health Professional (#225756), Certified Clinical Trauma Professional (**D180714**), and Certified Compassion Fatigue Professional.

Your rights include the following:

- You are entitled to receive information about methods of therapy, techniques used, duration of treatment (if known), and the fee structure.
- Sexual contact between patient and Behavioral Health Provider is illegal and should be reported to the Grievance Board.
- You should know that your Behavioral Health Provider may consult with other experts on treatment issues to ensure that you are receiving proper care. Your identity, should this occur, will be kept confidential.
- You should be aware that you may receive a clinical diagnosis as part of your treatment. If this occurs, your diagnosis will be noted in your medical record.
- You can discuss any aspect of your therapy with your Behavioral Health Provider, and you may request a second opinion or terminate therapy at any time.

The law also requires all Behavioral Health Providers to use appropriate terminology when describing their professional status. A psychologist, social worker, marriage and family Behavioral Health Provider, professional counselor, or addiction counselor may only use the title for which he or she is licensed, certified, or registered.

### **As to the regulatory requirements applicable to mental health professionals:**

✓ Registered psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.

- ✓ Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- ✓ Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.
- ✓ Certified Addiction Counselor III (CAC III) must have a bachelors degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.
- ✓ Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements.
- ✓ Licensed Social Worker must hold a masters degree in social work.
- ✓ 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.
- ✓ 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.

**Confidentiality**

Behavioral Health Providers and Primary Care Providers work collaboratively at Cynthia Tanaka Counseling and Consulting Services. Therefore, they may exchange information as needed and/or appropriate. There is no confidentiality between your Behavioral Health Provider and Primary Care Provider. Psychotherapy session notes will be kept as part of your electronic medical chart. Your Behavioral Health Provider will have access to your medical notes, and your primary Care Provider will have access to your therapy notes. We work in this manner because we believe it will provide you with the best, most comprehensive care.

Privacy practices at Cynthia Tanaka Counseling and Consulting Services are in compliance with HIPAA (Health Insurance Portability and Accountability Act of 1996) guidelines as well as with state law. In general, information disclosed to a licensed Behavioral Health Provider is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without your consent. Situations in which information about you may be released include, but are not limited to:

- You have signed a written release of information.
- You are a danger to yourself or another. Threats of endangerment to self or others must be reported to both the authorities & the intended victim.
- The abuse or neglect of a child, elderly, or disabled person is suspected, has occurred or is occurring.
- In response to any legal action taken by you against this agency.
- You are gravely disabled or unable to care for yourself.
- Disclosure is allowed by a court order.
- Disclosure is necessitated by a medical emergency.
- A criminal or delinquency proceeding is involved. (Except in the case of information given to a licensed psychologist, legal confidentiality does not apply in criminal or delinquency proceedings).

If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at <http://www.dora.state.co.us/mental-health/Statute.pdf>.

I have read & understand the terms of this document. I have been given the opportunity to ask questions. I have been informed of my clinician’s degrees, credentials, & licenses. I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client’s responsible part.

Patient Name \_\_\_\_\_

Patient/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Clinician Signature \_\_\_\_\_

Date \_\_\_\_\_