

Riversage Family Counseling
Emily Campbell, LCSW
765 E. College, Suite 2, Durango, CO 81301 (970)-903-7979
THERAPY DISCLOSURE STATEMENT

I hold a Masters degree in Social Work from the University of Denver, CO and am a Licensed Social Worker with the state of Colorado; LIC # 9924896. I am certified in Animal Assisted Social Work and Eye Movement Desensitization and Reprocessing (EMDR). I am also trained in Dialectical Behavior Therapy (DBT) and Cognitive Behavioral Therapy (CBT).

Confidentiality:

Information provided by and to the client during therapy sessions is privileged and thus legally confidential. Therapists are mandatory reporters in the State of Colorado. Any disclosure regarding the *intent to harm others or self; abuse or suspected abuse of children, school violence to occupancies, the elderly or others unable to care for themselves; neglect or suspected neglect of children; subpoenaed testimony in criminal court cases and orders to violate privileges by judges in child custody, divorce or other court cases, is not* privileged communication.

Client Rights:

- a) Clients are entitled to receive information about the methods of therapy used, techniques and the duration of therapy (if determinable), and fee structure.
- b) Clients are free to seek a second opinion from another therapist or terminate therapy at any time.
- c) In the professional relationship of therapy (such as this one), sexual intimacy between client and therapist is never appropriate and should be reported to the State Grievance Board, 1560 Broadway, Suite 1340, Denver, CO 80202, 303-894-7768.

As a therapy client I understand:

- a) I consent to an evaluation and mental health treatment for myself.
- b) Emily Campbell will not testify in court, however, if subpoenaed by the court, I understand court preparation and testimony on Riversage Family Counseling's behalf is charged at a higher rate of \$250.00 an hour per therapist.
- c) Riversage Family Counseling does not provide "crisis" therapy. If you have a life-threatening emergency, you will need to call Emergency Services such as 911, the Colorado Crisis line at 1-844-493-TALK(8255); Axis Health Systems at (970) 247-5245 or go to the nearest emergency room. I understand that if my therapist believes I need more intensive services I will be referred to a therapist or organization that has the ability to provide treatment to meet those needs.
- d) I may contact my therapist by phone for coaching through difficult situations after hours. In the event the call is not answered I will leave a message and seek necessary support through other means. Texting is not reliable nor a confidential means of communication and will not be used for matters that contain specific client information.
- e) I am legally responsible for payment for my psychotherapy services, if, for any reason, my insurance company, HMO, third party payer, etc., does not compensate my therapist. I also understand that signing this form gives permission to my psychotherapist to communicate with my insurance company, HMO, third party payer, or anyone connected to my psychotherapy funding source.
- f) If I do not show for an appointment I will be charged a \$25 fee. If I have more than 2 no shows my therapist may choose to discontinue services.
- g) I agree to pay **\$100/hr for individual office sessions, my insurance co-pay, or the agreed upon sliding scale or other amount** for my therapy session. If I do not pay within 30 days my therapist has the right to terminate services with me until my balance is paid.
 - a. I agree to pay **\$150/hr for Equine Assisted Psychotherapy Sessions under the above terms.**
 - b. I agree to pay the specified group rate as determined on a case by case basis prior to group sessions.
- h) I acknowledge that all records will be destroyed after seven years of discharging from treatment.

- i) If I have complaints I may contact the State Grievance Board, 1560 Broadway, Suite 1340, Denver, CO 80202, 303-894-7768
I have read the preceding information and understand my rights as a client. **By signing below I acknowledge my understanding and agree to all the terms discussed in this disclosure statement.** By signing this disclosure statement, I also agree to permit consultation and I provide release for my therapist to seek consultation with other psychotherapists or professionals as the need arises. I also affirm, by signing this form that I am the legal guardian and /or the custodial parent with legal rights to consent to treatment for any minor child or children that I am requesting psychotherapy services from Riversage Family Counseling, Emily Campbell, LCSW.

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

Sign & Print Name _____ **Date** _____

** Privacy Practices are available on our website at www.riversagecounseling.com or please request a copy from our office.