

DISCLOSURE STATEMENT

This statement is being provided to you so that you are aware of your rights as a psychotherapy client. Please read this and discuss any questions or concerns you have before signing it.

1. Karen Mehringer, MA
DBA/*Creative Transformations*
Office: Integrative Health, Inc.
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(303) 562-8517 (cell)

2. I earned a Master's degree in Marriage and Family Therapy from the University of San Diego in May 2001 and have practiced therapy in a variety of settings since 1999. I am currently listed as an unlicensed psychotherapist with the state of Colorado.

3. The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, and unlicensed individuals who practice psychotherapy.

The agency within the Department that has responsibility for licensed and unlicensed psychotherapists is the Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7766.

4. **Client Rights and Important Information:**
 - a. You are entitled to receive information from me about my methods of therapy, the techniques I use, and the duration of your therapy (if I can determine it). Please ask if you would like to receive this information.
 - b. You can seek a second opinion from another therapist or terminate therapy at any time.
 - c. In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section.
 - d. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed marriage and family therapist, a licensed social worker, a licensed professional counselor, a

licensed psychologist, or an unlicensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.

Information disclosed to a licensed marriage and family therapist, a licensed social worker, a licensed professional counselor, a licensed psychologist, or an unlicensed psychotherapist is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates.

There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S. There are exceptions that I will identify to you as the situations arise during therapy.

5. **Fees and Policies:**

My fee is \$80 for a full hour and \$120 for 1.5 hours. I bill by the quarter hour. Accepted methods of payment are checks, credit card, cash and money orders (US funds only). Checks are to be made out to *Creative Transformations*. Creative Transformations requires a 24-hour cancellation notice via the telephone for all appointments or the full fee for services will be charged. Exceptions include inclement weather, illness, or emergencies.

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

Client Signature

Date

Therapist

Date