

CLIENT INFORMATION FORM

Tree of Life Counseling Center

Date _____ Client's Name _____ D.O.B. _____

Address _____ City _____ ST _____ Zip _____

Hm# _____ Cell# _____ Email _____

In case of an emergency, whom may we contact? _____

Referral Source? _____ Previous Counseling? _____

I understand I am financially responsible today for all charges or services provided to me.

I realize that if I do not give 24-hour notice prior to cancellation of an appointment, I will be fully charged for this appointment. Confidentiality is limited by Colorado Law in the area of planning a suicide, homicide or specific reporting of committing child sexual abuse. In the event of a balance past due, an outside agency will handle collections. The fee for service is \$125.00 per session. If you are involved in a divorce or custody litigation, you need to understand that my role as a therapist is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in litigation. Only court-appointed experts, investigations, or evaluators can make recommendations.

Signature

Date

Kent Miller, M.A., Licensed Professional Counselor

719-310-5059

720 Elkton Drive

Colorado Springs, CO 80907

Degree/Credentials

Masters Degree from Colorado Christian University 1992

Licensed Professional Counselor in the State of Colorado License #2706

EMDR II

1. Client's Rights and Important Information required by the Board of Licensing

- a. The practice of licensed or registered person in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Professional Counselors can be reached at 1560 Broadway, Suite 1350, Denver, CO, 80802, 303-894-7800. As to 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 1 (CAC1) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.

- *Certified Addiction Counselor 11 (CAC11) must complete additional required training hours and 2,000 hours of supervised experience.
- *Certified Addiction Counselor 111 (CAC111) must have a bachelor's 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 CAC111 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 Work, 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 postdoctoral supervision.
- b. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. Please ask if you would like to receive this information.
- c. You can seek a second opinion from another therapist or terminate therapy at any time.
- d. 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 State Grievance Board. The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, certified school psychologist, and unlicensed individuals who practice psychotherapy. The agency within the Department that has the responsibility specifically for licensed and unlicensed psychotherapists is the State Grievance Board, 1560 Broadway, Suite #1370, Denver, Colorado, 80202, 303-894-7766.
- e. Generally speaking, the information provided by and to a client during therapy session is legally confidential if the therapist is licensed. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent. Information disclosed to me 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. You should be aware that legal confidentiality does not apply in a criminal or delinquency proceeding. There are other exceptions which include; 1) I am required to report suspected child abuse or neglect to the appropriate law enforcement agency; 2) If I receive information from a client concerning a serious threat in imminent physical violence against a specific person, I must inform that person of the threat, and also notify law enforcement authorities; 3) I am required to initiate a mental health evaluation of a client who is dangerous to self or others, or who is gravely disabled, as a result of mental disorder; and 4) I am required to report any suspected threat to national security to federal officials. 5) I am required to report abuse of an elder, who is 70 years of age or older, and also abuse of an at-risk adult with an Intellectual Developmental Disability (IDD), which I believe has probably occurred, including institutional neglect, physical injury, financial exploitation, or unreasonable restraint; and 6) I may be required by Court Order to disclose treatment information.
- f. In order to keep our relationship professional, please do not give me any gifts, however small.

- g. Under Colorado law, C.R.S. 14-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, in compliance with Colorado law and HIPAA Standards.
- h. I agree not to record our sessions without your written consent; and you agree not to tape record a session or a conversation with me without my written consent.

2. Disclosure Regarding Divorce And Custody Litigation

If you are involved in divorce or custody litigation, my role as a therapist is not to make recommendations to the court concerning custody or parenting issues. By signing this Disclosure Statement, you agree not to subpoena me to court for testimony or for disclosure of treatment information in such litigation; and you agree not to request that I write any reports to the court or to your attorney, making recommendations concerning custody.

3. Client Record Retention Policy

My records regarding the treatment of adults will be kept for 7 years after treatment ends or following our last session, but I may not retain them after 7 years. My records for treatment of minors will be kept for 7 years, beginning on the last date of treatment for 7 years beginning on the date when the minor turns 18 years of age, whichever is later. In no event am I required to keep these records longer than 12 years.

Informed Consent For Treatment

I have read the Disclosure Statement, understand the disclosures that have been made, and acknowledge that a copy of it has been provided to me. I hereby provide consent for treatment of the following client(s): _____

Client Signature or Responsible Party Date Client Signature or Responsible Party Date