

JUDITH BRODIE, MA, LPC, LLC

Counseling and Psychotherapy Services
3939 E. Arapahoe Rd.
Suite 215
Centennial, CO 80122
303.503.5282

DISCLOSURE AND PRACTICE POLICIES STATEMENT AND CONSENT

Qualification/Experience

I am pleased you have selected me as your counselor. This document is designed to inform you about my background and to insure that you understand our professional relationship.

I have an M.A. in Counseling Psychology from Regis University and a B.A. from the University of Colorado. I am licensed in the State of Colorado as a Professional Counselor.

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the division of Registrations. The Board of Licensed Professional Counselor Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, 303-894-7800.

As to the regulatory requirements applicable to mental health professionals: a 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. A licensed Social Worker must hold a masters degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Certified Addiction counselor I (CAC I) must be a high school graduate, and complete required training hours and 1,000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelors degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A licensed Addition Counselor must have a clinical masters degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

Client Information

At any time you may ask about the methods of therapy, techniques I use, duration of your therapy, if known, and the fee structure. You may always seek a second opinion from another therapist or terminate therapy at any time. Also, if I feel that I am unable to assist you adequately, I reserve the right to suggest a referral option.

In a professional relationship, sexual intimacy between a therapist and a client is never appropriate and should be immediately reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

Confidentiality

Generally speaking, information provided by a client during therapy sessions is legally confidential and cannot be released without your consent. You should know, however, that there are exceptions to this confidentiality, some of which are listed in sections 12-43-218 of the Colorado Revised Statutes as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child abuse to authorities. 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>

Fees, Cancellation and Insurance Reimbursement

My fee for services is \$120.00 per fifty-minute session or \$180.00 per 75 minute session. Unless other arrangements have been made, you are responsible for full payment of the above agreed upon fee at the time of each session. Cash or personal checks are acceptable for payment or you can pay me with your credit card on my website at <http://www.judithbrodie.com/>.

When we arrange a session, my time has been scheduled specifically for you. Therefore, I will charge you our agreed upon fee (noted above) for cancellations made less than 48 hours prior to arranged appointment times (excluding cases of genuine emergency).

Insurance Coverage

If you would like to use insurance coverage, I request that you pay me in full at the time of your sessions and I will supply you with a receipt that you may submit to your insurance company. You are responsible for determining if my services are covered under your particular insurance plan and for filing claims.

Telephone Calls and Telephone Sessions

If you need to speak with me between sessions, I will be glad to return your calls. I do not carry a pager, but I check my messages frequently throughout the day and usually return calls within a few hours. It's important for you to note that unless other arrangements have been made, I charge for telephone conversations lasting longer than 10 minutes. In case of an emergency, you should call 911 or go to the nearest hospital emergency room.

On occasions, if meeting with you in person is not possible, I will be happy to arrange a telephone session with you. My fee for phone sessions is the same as our regular agreed upon fee.

Consultation

It is standard practice and of benefit to you as a client for the psychotherapist you work with to do clinical consultation with other professionals. I do consult with Licensed Mental Health Professionals regarding my caseload, from time to time, for the purposes of accurate and appropriate treatment and overall quality of care. Confidentiality applies to these consultations and I do not provide names or other identifying information unless I obtain a release from you.

If you have any questions at any time or would like additional information, feel free to ask.

By your signature below (please sign both copies, keep one for your files and return the other copy to me), you are indicating that you have read and understood the preceding information, it has been provided to you verbally, and that you understand your rights as a client, and agree to participate in treatment within the guidelines set forth here.

Adolescent Addendum

If your child is in treatment with me and is between the ages of 15 and 18, by your signature below, you agree that I may determine what information, in my professional judgement, is appropriate to be shared with you, the parent or guardian, concerning treatment issues, and what information, in my discretion, will remain confidential between the the adolescent and myself.

Client Signature

Date

Parent or Guardian

Date

Judith Brodie, MA, LPC

Date