

Disclosure Statement & Informed Consent for Behavioral Health Services

Pediatric Associates of Durango
1199 Main Ave., Ste. 205
Durango, CO 81301
970-259-7337

Therapist's Name: Kim Kelley, LPC
License Type: Licensed Professional Counselor
Degree: M.Ed. University of North Texas
License #: 0013911

I understand that the practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Colorado Division of Registries. Questions or complaints may be addressed to the Board of Psychologist Examiners, 1560 Broadway, Suite 1350, Denver, CO 80202. Telephone: 303-894-7800.

The state of Colorado requires the levels of regulation associated with mental health services in Colorado to be included in the disclosure statement:

- A **Registered Psychotherapist** is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado, but is not license by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.
- A **Certified Addiction Counselor I (CAC I)** must be a high school graduate or equivalent, complete required training hours and 1,000 hours of supervised experience.
- A **Certified Addiction Counselor II (CAC II)** must be a high school graduate or equivalent, complete the CAC I requirements, and obtain additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam.
- A **Certified Addiction Counselor III (CAC III)** must have a bachelor's degree in behavioral health, complete CAC II requirements, and complete additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam.
- A **Licensed Addiction Counselor** must have a clinical master's degree, meet the CAC III requirements, and pass a national exam.
- A **Licensed Social Worker** must hold a master's degree from a graduate school of social work and pass an examination in social work.
- A **Licensed Clinical Social Worker** must hold a master's or doctorate degree from a graduate school of social work, practiced as a social worker for at least two years, and pass an examination in social work.
- A **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.
- A **Licensed Marriage and Family Therapist** must hold a master's or doctoral degree in marriage and family counseling, have at least two years post-master's or one year post-doctoral practice, and pass an exam in marriage and family therapy.
- A **Licensed Professional Counselor** must hold a master's or doctoral degree in professional counseling, have at least two years post-master's or one year post-doctoral practice, and pass an exam in professional counseling.
- A **Licensed Psychologist** must hold a doctorate degree in psychology, have one year of post-doctoral supervision, and pass an examination in psychology.

Patient Rights & Important Information

1. I have the right to get information from the Behavioral Health Provider about the type of therapy and techniques used, the estimated duration of treatment, if known, and the fee structure.
2. I may seek a second opinion from another therapist or may terminate therapy at any time.
3. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.
4. Information provided by the patient during therapy is legally confidential and privileged and cannot be released without the patient's consent in the case of licensed marriage and family therapists, social workers, professional counselors, and psychologists; licensed or certified addiction counselors; and registered psychotherapists. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes and the HIPPA Notice of Privacy practices, as well as other exceptions in Colorado and Federal law. These exceptions include:
 - a. If the provider suspects child or elder abuse or neglect may be occurring.
 - b. If a patient presents as a danger to self or others, or gravely disabled and refuses to seek treatment voluntarily.
5. A minor who is fifteen years of age or older, whether with or without the consent of a parent or legal guardian, may consent to receive mental health services to be rendered by a facility or by a licensed professional person or mental health professional in any practice setting. The professional person or licensed mental health professional rendering mental health services to a minor may, with or without the consent of the minor, advise the parent or legal guardian of the minor of the services given or needed.
6. I understand that my Behavioral Health Provider may discuss my evaluation and treatment with referring and treating medical providers and caregivers, as needed and appropriate, for continuity of care. By signing this form, you agree to have behavioral health notes kept in your or your child's electronic medical record at Pediatric Associates of Durango.

Eye Movement Desensitization & Reprocessing Treatment (EMDR)

Your BHP is a certified Eye Movement Desensitization and Reprocessing (EMDR) therapist. EMDR is an integrative psychotherapy approach that has been extensively researched and proven effective for the treatment of trauma. EMDR is a set of standardized protocols that incorporates elements from many different treatment approaches. To date, EMDR therapy has helped millions of people of all ages relieve many types of psychological stress.

Scientific research has established EMDR as effective for the treatment of post-traumatic stress, phobias, panic attacks, anxiety disorders, stress, sexual and physical abuse, disturbing memories, complicated grief and addictions.

I have been specifically advised of the following:

- a) Reprocessing a memory may bring up associated memories. This is normal and those memories will also be reprocessed. The therapist cannot verify memories.
- b) Some patients may experience physical sensations and retrieve images, emotions and sounds associated with the memory that neither they nor the therapist may have anticipated.
- c) After the treatment session, the processing of incidents/material may continue, and other dreams, memories, flashbacks, feelings and sensations may occur.

I have read and thoroughly considered all the above information and understand that I can end the reprocessing phase of EMDR therapy at any time. It has also been provided verbally, and I understand my rights as a patient or as the patient's responsible party.

Patient Name

Date of Birth

Signature

Date

Parent/Guardian Signature (if patient is a minor)