

Laurel E. Harris, MA, LPC
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720-261-1567

CLIENT DISCLOSURE STATEMENT

I have a B.A. in Psychology from West Virginia University and a M.A. in Counseling Psychology from the University of Denver. I am licensed by the State of Colorado as a Licensed Professional Counselor (LPC). I have worked with individuals, couples, and families since obtaining my Masters degree in 1994 and have received additional training in the areas of personal growth, mood and personality disorders, trauma, grief counseling, attachment and bonding issues, and couples and family therapy. If our work leads to problems beyond my field of expertise, I will help you obtain the appropriate services needed.

The Colorado Department of Regulatory Agencies regulates the practice of both licensed and unlicensed persons in the field of psychotherapy. Any questions, concerns, or complaints may be directed to:

Mental Health Occupations Grievance Board
1560 Broadway, Suite 1340
Denver, CO 80202
303-894-7766

You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of therapy (if known), and my fee structure. Please feel free to discuss your progress in therapy with me whenever you wish. You may seek a second opinion from another therapist and may terminate therapy at any time.

Colorado law requires that I inform you that sexual intimacy between client and therapist in a professional relationship is never appropriate, is unethical, and should be reported to the grievance board.

CONFIDENTIALITY

Both Colorado law and ethical practice protect confidentiality. There are important exceptions to confidentiality that are legally mandated. These exceptions include: (1) notifying relevant others if I judge that you have any intention to harm yourself or others; (2) reporting any evidence of child abuse, neglect, or molestation. You should also be aware that legal confidentiality does not apply in a criminal or delinquency proceeding except in the case of information given to a licensed clinician. There may also be times when I may choose to consult with a colleague or other professional about issues raised in therapy so that I can provide you with the best services possible. Confidential information may be shared with them but they are legally required to honor that confidentiality as well.

APPOINTMENTS & FEES

Appointments are generally scheduled in 50-minute sessions for individuals and up to 80-minute sessions for couples and/or families. A reasonable "fee for time lost" will be charged if an appointment is not cancelled at least 24 hours prior to that appointment unless we both agree the circumstances are an emergency. As a sole practitioner, my working hours vary but I try to be flexible. I work 4 days per week and 1 evening per week. All professional time will be billed at \$125 per 50-minute session and \$185 per 80-minute session. The exception would be counseling sessions through an employee assistance program (EAP), which would be billed at the agreed upon EAP rate. I do have a negotiated sliding scale fee between \$75 and \$125 for persons who are paying for their own therapy and not using insurance. Payment for phone contact over 15 minutes in length will be prorated based on my 50-minute session fee. Payment is expected at each session unless we have decided on other arrangements. There is a \$20 fee for checks that do not clear.

INSURANCE

If you have health benefits, I will work with you to figure out the best method to deal with payment. Usually, it is my responsibility to work with insurance companies. I am an approved provider with some insurance companies and others will pay a certain percentage even if I am out of network because I am licensed.

MESSAGES

I will make every effort to return your phone call within 24 hours. If you are having a true emergency or a crisis that is potentially endangering, please call 911 and/or go to the nearest hospital emergency room. If you are needing to talk with someone urgently, but it is not an emergency and I am not available, please call Colorado Crisis Services at 844-493-8255.

I have been informed of my therapist's degrees, credentials, fees, and cancellation policy and have read the information regarding my rights as a client.

Client Signature Date_____

Laurel E. Harris, MA, LPC Date_____