Counselor Disclosure Statement

Ashtin Green obtained a Master's Degree in Counseling and Human Services through the University of Colorado at Colorado Springs and met all of the DORA requirements in education, training, and experience to become a Licensed Professional Counselor (LPC) #11804. Ashtin has received advanced training in trauma focused cognitive behavioral therapy. You are entitled to receive information about the method of therapy, techniques used, anticipated duration of treatment, and fees to be charged at any time you so request.

You have the right to confidential treatment. There are exceptions to this confidentiality, some of which are listed in section 1243218 of the Colorado Revised Statutes, and the HIPAA Notice of Privacy Rights you were provided, as well as other exceptions in Colorado and Federal law. Confidentiality is maintained unless you become an imminent danger to yourself or another person, and then only minimal information is shared to facilitate your or another’s safety. Confidentiality also will be waived automatically in cases involving child abuse, child sexual abuse, grave emotional disability or criminal behavior. Every effort will be made to minimize the data shared with other professionals or authorities, including your Primary Care Physician. You have the right to terminate treatment at any time and you also may request a second opinion at any time.

Sexual contact between client and therapist is not part of any recognized therapy. Sexual intimacy between client and therapist is illegal in Colorado and should be reported to the Grievance Board. If you have any questions, concerns or complaints about licensed or unlicensed mental health practitioners, you can contact the State Grievance Board at 1560 Broadway, Suite 1340, Denver, CO 80202, or at (303) 894-7766.

If an appointment is made, please give 24 hours cancellation notice. When you accept an appointment time, you are making a commitment to your therapist to be there on that scheduled day and time.

**When you fail to keep an appointment, that time is lost to you, the therapist, and to other patients and you will be billed a $50 fee.**

If keeping your appointments becomes a problem and we are not able to resolve this then I do
reserve the right to charge you personally for your missed appointment. Should you not provide proper notification, I also reserve the right to terminate our therapeutic relationship after three missed sessions.

I understand the risks of communicating via text and/or email, that they are non-secured forms of
communication.

You will be expected to make a payment at EACH visit, unless other payment arrangements have previously been made. Past due personal accounts will be charged a finance charge of 1.5% monthly. Returned checks will be assessed at $15.00 plus any bank charges. Long overdue or delinquent accounts will be turned over to an attorney or collection agency for collection and/or legal proceedings. You will be responsible for legal fees entailed in that process. Your name, address, employment, phone, and balanced owed will be provided to the collection agency or attorney.

If you are involved in divorce or custody litigation, my role as a therapist is NOT to make recommendations to the court. By signing this agreement you agree not to subpoena me to court for testimony regarding parenting time or decision-making; and you agree not to request any written reports to the courts for this use. The court can appoint professionals, who have no prior relationship with family members, as needed.

If you agree to these terms, please sign and date below.

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Name Date