Richard L. Keller, MSC, LPC

Professional Disclosure

(August 2020)

In accordance with Senate Bill 1025, therapists are required to provide all clients with the following information.

1. Business name and location:

New Life Christian Counseling, LLC Richard L. Keller MSC, LPC 2101 South Blackhawk St. Suite 160 Aurora, CO 80014 Phone: 303-906-1138

- 2. Client's rights: A client is entitled to receive information about the method of therapy; the techniques used, the duration of therapy (if known) and the fee structure. I incorporate a variety of therapeutic models, all of which are compatible with a Christian framework. It is my belief that clients should take an active role in the direction and goals of therapy. A client may seek a second opinion from another therapist or may terminate at any time. In a professional relationship, sexual intimacy is never appropriate and should be reported to the grievance board.
- **3. Credentials:** Richard L. Keller holds a Master of Science in Counseling degree from the University of Phoenix. He is a Licensed Professional Counselor (LPC).
- 4. Grievances, Questions, and Complaints: The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of both licensed and unlicensed persons in the field of psychotherapy (such as psychologists, social workers, professional counselors, and marriage and family therapists). Questions or complaints may be addressed to:

Department of Regulatory Agencies 1560 Broadway, Suite 1350 Denver, CO 80202 Phone: 303-894-7766, Fax: 303-894-7747

- **5. Fee Structure:** Payment of services, as agreed upon, is expected at time of service, unless otherwise arranged and agreed upon by both the client and the therapist. A 1.5% monthly interest rate will be assessed to all unpaid accounts. If bills are not paid in a timely manner, the outstanding balance may be referred to a collection agency. Any returned checks will have a \$25.00 service charge added to the account, and payments thereafter may need to be cash only.
- **6. Cancellation Policy:** Clients must notify the therapist of cancellations at least 24 business hours in advance of their scheduled appointment time or be assessed a cancellation fee of up to the full amount of the scheduled appointment. In the event of a personal of family emergency, the fee may be reduced at the therapist's discretion.
- **7. Vacation Policy:** Therapists will notify patients in advance, baring emergencies, of any absences (and the length of such absences), which might affect the client.
- **8. Statement of Confidentiality:** Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed marriage and family counselor, a licensed social worker, a licensed professional counselor, a licensed psychologist, or an unlicensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent. A court order of subpoena compelling disclosure can

demand access to psychotherapy records. There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado Statutes (C.R.S. 12-43-218).

- a. The confidentiality privilege serves to protect the intimate thoughts and feelings of the client.
- b. This clinician will keep all communications between his personnel and his clients confidential to the extent permissible by law.
- c. Communication between clients in group and/or between clients and therapists will remain of a confidential nature unless a written authorization for release of information is signed by the client.
- d. The Child Protection Act of 1975 Colorado Revised Statutes (19-10-101 (vs. 19-3-304) requires reporting of known or suspected child abuse or neglect to the County Department of Social Services and/or law enforcement agencies.
- e. All communications between clients and therapists will remain privileged with the exception that any or all communication may be reported to professional team members and/or clinical supervisors. Professional consultation may occur regarding your therapy for the purpose of supervision.
- f. The therapist reserves the right to break confidentiality to the extent permitted by law, which is defined as the client posing a threat to him/herself or others, or in the event the client reports having committed, or intention to commit, a felony involving harm to another.
- g. If confidentiality is to be breached, as described above, the client will be informed (whenever feasible) prior to the breach.

(Client Signature)

(Date)

I have been informed of the therapist's degrees and credentials, the fee structure, grievance process,

(Client Name, Please Print)	(Client Signature)	(Date)
(Client Name, Please Print)	(Client Signature)	(Date)

confidentiality, and a listing of the client's rights pursuant to Senate Bill 1026.

(Client Name, Please Print)