

Maureen A. Malcolm, M.A., LPC

DISCLOSURE FORM

This form provides a brief history and introduction of myself as a counselor, an outline of the nature of my practice and our therapeutic relationship, and information related to billing and confidentiality.

BACKGROUND

I graduated from the University of Colorado at Boulder in 2008 with a Bachelor of Science in Business Administration. I then worked in a doctor's office as a front office manager. Through this experience I was able to work closely with clients struggling with many different types of issues. I also was given the opportunity to be a part of the Denver Public School system team, working with adolescents striving to improve their academic standing.

I soon realized that my real passion lies in the mental health field. Working with people to overcome obstacles and find joy in life is what is truly important to me. I returned to school 2011 and received a Master of Arts in Counseling from Regis University, a program accredited by the *Council for Accreditation of Counseling & Related Educational Programs* (CACREP). Through a job as a psychiatric technician I gained experience working with people struggling with drug dependency and abuse. I also have experience working with depression, anxiety, trauma, grief and loss, and people struggling with disordered eating.

As a private practitioner, I recognize how difficult it is to begin the therapeutic process and admire the bravery of each and every client who comes through my doors.

ORIENTATION & STYLE

I approach therapeutic relationships and the larger world through a phenomenological framework. This framework tends to include humanism, gestalt, narrative and some cognitive approaches. Instead of searching for a way to analyze my client, I work to enter my client's world and understand it. I will work with you to explore your world using empathy, full acceptance of your experience without judgment, and personal genuineness.

I believe that human beings are naturally good and that people seeking therapy are not broken; they are discouraged. I consider reality a mostly subjective construction of each individual and this unique perception of reality is of high importance. When sitting with a client, the best thing I can do is become immersed in his or her reality and try to experience the world from his or her eyes. In exploring experience, healing will come not from understanding behaviors and events, or from expert use of theoretical models, but rather from relating and redescribing our experiences.

THE COUNSELING RELATIONSHIP & PROCESS

My sessions are 30-55 minutes and my services are limited to that time. I do not provide crisis services and as such, am not available 24 hours a day. If you are faced with an emergency outside of the counseling session, you should report to the emergency room of your nearest hospital or call 911. You may choose to seek a second opinion and/or stop therapy at any time, and I will respect your decision to do so. I ask that if you chose to stop therapy you allow for a final termination session, but this is not required.

You are entitled to receive information from me about the methods of therapy, the techniques used, the duration of therapy (if known), and the fee structure.

ETHICAL & LEGAL STANDARDS

While therapy is an inherently intimate process, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

It is my professional duty to uphold the guidelines provided by the American Counseling Association's Code of Ethics. Please visit the ACA's website if you have any questions regarding ethical guidelines: www.counseling.org.

The information provided by and to you during therapy sessions is legally confidential and cannot be released without your consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes and the HIPAA notice of Privacy Rights you are provided. Common exceptions to confidentiality include: if you direct me to tell someone else, if I determine you are of danger to yourself or to others, if a court orders me to disclose, if you are younger than 18 years old and a parent or legal guardian is inquiring, or if suspected child or elder abuse is involved. If a legal or ethical exception arises during therapy, and if appropriate, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at www.dora.colorado.gov/professions/registeredpsychotherapists.

In the event you feel I have violated your confidentiality or you are dissatisfied with my services in any way, please come to me with your concerns first. You may also report your concerns to my regulatory board at any time.

The Colorado State Board of Licensed Professional Counselor Examiners regulates Licensed Professional Counselors in the state. The Colorado State Board of Licensed Professional Counselor Examiners can be reached at 1560 Broadway, Suite 1350 Denver, Colorado 80202, (303) 894-7768. Regulatory requirements are applicable to the following regulated professions:

- 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 licensed 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, complete required training hours and 1,000 hours of supervised experience.
- A Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.
- A Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.
- A Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements.
- Licensed Social Worker must hold a master's degree 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 Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's 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.

While your confidentiality will be handled very carefully, I have a duty to warn you of the potential risks involved with my use of technology and electronic medical records. For example, I may email you or those with whom you request I communicate. I also keep all client records on password-secured computer software.

THERAPY SESSION FEE

Therapy sessions are 30-55 minutes long and the fee is negotiated between SonderMind and the insurance company. It is important to note that some insurance companies will reimburse you for my services, but some will not. If you have insurance coverage, they may only reimburse you for a percentage of my fee. You should contact a representative of your insurance company to determine if you have any coverage and, if so, what the percentage is. Insurance companies will often deny claims for phone consultations.

ADDITIONAL BILLABLE SERVICES

Telephone conversations in excess of 10 minutes, reading and responding to lengthy email communication, consulting with physicians, time involved in discussing your case, letters or summaries related to your therapy, and filling out reports, may all be charged on a prorated basis as regular sessions.

COURT APPEARANCE POLICY

It is my policy to avoid involvement in legal and/or court matters whenever possible seeing that it often undermines the therapeutic relationship between counselor and client and in some cases will result in ending services.

In cases of a subpoena for testimony:

I reserve the right to involve my attorney at any time during the legal proceeding related to my involvement in the matter. Any other legal fees I incur will be added to your account and due immediately.

Reports and court appearances require professional time for which I charge a rate of \$250 per hour, at a minimum of \$750. All reasonable effort should be made to work with me regarding the scheduling of any such appearance. Billable time includes time spent preparing for the court appearance, time spent in court, and time spent commuting to and from the courthouse. I require a pre-payment retainer of \$750.00 fourteen days prior to any scheduled appearance. Any billable time beyond the \$750 will be charged for separately at rates of \$250 per hour. No reimbursement will be made for cancellations within 24 hours of the scheduled appearance.

CANCELLATION POLICY

Please help me to maintain a smooth running practice that is fair to me and to all of my clients. Cancellations need to be communicated at least 24 hours in advance of your appointment. If you cancel less than 24 hours in advance of your appointment, the regular session fee will be applied.

TRANSFER PLAN

Should something happen to me, for example, incapacitating injury or death, your confidentiality will be

maintained. Your files will be transferred to Julia Olson, M.A.,LPC, a practicing psychotherapist in the Denver area. Her address and contact information is as follows:

Julia Olson, M.A., LPC
2810 North Speer Blvd
Denver, CO 80211
p) 303-304-4212

FINAL NOTE

It would be dishonest for me to guarantee any specific results regarding your therapeutic goals during our sessions. However, I am dedicated to providing you with the utmost professional and mindful therapeutic care that will consistently honor the guidelines set forth by the ACA Code of Ethics. I look forward to having you as a client and if you have any questions as we move forward please feel free to ask them.

Please sign and date this form. I will make a copy for you and keep the original for your file.

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as a client's responsible party.

Print Client's Name

Date

Client or Responsible Party's Signature

Date

If signed by Responsible Party, please state relationship to client and authority to consent:

Therapist's Signature

Date: