

REX WEST, MA, LPC (# 0012679), 4774 MCKINLEY DRIVE, BOULDER, COLORADO 80303, 303.945.3861

Counselor Disclosure Statement

Degrees, Certifications, Experience

I have a Masters Degree in Transpersonal Counseling Psychology from Naropa University. I am a certified Level II PACT couples therapist. I am the owner and founder of Ground Counseling. I have worked as a Therapist in the AIM House transitional living program in Boulder, Colorado since 2013. I have a Masters Degree in Education from the University of Colorado with 20 years of experience in the public education system. I also have extensive training in Non Violent Communication.

Therapeutic Approach And Process

My clinical approach is client-centered and relationship-focused. It is based in systems theory, modern attachment theory, compassion and empathy-based practices, experiential/somatic/cognitive approaches, application of neuroscience to affect life-changing results.

Client Rights and Responsibilities

I am providing the following information to let you know what your rights are as a client of counseling in the state of Colorado.

1. As my client, you are entitled to receive information about my counseling methods and techniques, my training, educational degrees, licenses and credentials, the length of counseling (if we can determine it), and the Ground Counseling fee structure. Please ask if you have any questions.
2. You may seek a second opinion from another therapist elsewhere. You may end therapy at any time, although a closing session is recommended.
3. In a professional, therapeutic relationship, sexual intimacy between therapist and client is never appropriate. If sexual intimacy occurs, it should be reported to the Grievance Board (Department of Regulatory Agencies, Mental Health Section).
4. **CONFIDENTIALITY & PRIVILEGED COMMUNICATION:** Generally speaking the information provided by and to a client during therapy sessions is confidential. If the information is legally confidential, I cannot be forced to disclose the information without your consent. This includes in a court of competent jurisdiction in the State of Colorado. There are some exceptions to the general rule of confidentiality. The exceptions are listed in the Colorado Statutes (C.R.S. 12-43-218). I am a mandated reporter and required by law to break confidentiality by reporting the following:
 - If you appear to be at serious risk for killing or seriously injuring yourself or someone else
 - If your therapist has reasonable cause to suspect that a child (anyone under the age of 18 years old) or a dependent adult has been subjected to physical abuse, sexual abuse or neglect
 - If I need to initiate a mental health evaluation of a client who is of immanent danger to themselves or others, who is gravely disabled, as a result of a mental disorder
 - To report any suspected threat to national security to federal officers
 - If I am required by Court Order to disclose treatment information
 - If you are involved in a delinquency or criminal proceeding (i.e. charged with a crime), except as provided in section 13-90-107 C.R.S.
 - If a review of your counselor is conducted by the Grievance Board

Mental Health Regulation and Types of Licenses and Registration

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Colorado Board of Registered Psychotherapist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters 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. A Licensed Social Worker must hold a masters 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 Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1,000 hours of super-

vised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelors degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

_____ **Client Initials**

Benefits and Outcomes of Psychotherapy

Psychotherapy is a process of exploration through open discussion between client and therapist to affect changes in your life so that you can live more fully. By participating in psychotherapy you may experience some (but not limited to) of the following: reduced stress and anxiety, decreases in negative thoughts and behaviors, shifts in self-confidence, improved interpersonal relationships, increased comfort in social, familial, and work situations, improved capacity for intimacy. While these outcomes cannot be guaranteed, I am dedicated to supporting you in realizing such changes in your life. Participating in psychotherapy may involve some discomfort, including remembering and discussing unpleasant and/or traumatic experiences (potentially invoking feelings such as sadness, anger, guilt, shame, fear, etc.). Treatment may result in unintended outcomes such as changes in personal relationships. Growth brings about change, and potentially stress as a result.

Litigation Limitations:

Due to the sensitive nature of the therapeutic process and due to the fact that it often involves the disclosure of sensitive and confidential matters, it is agreed that should there be any legal proceedings (such as, but not limited to, divorce, custody disputes, injuries, lawsuits, etc.) neither you (client) nor your attorney, nor anyone acting on your behalf will call me (or subpoena me) to testify in court or in any other proceedings, nor will a disclosure of psychotherapy records be requested.

_____ **Client Initials**

If any of the above occurs, by signing this Disclosure Statement, you agree to pay a rate of \$250/hour for my time consulting with my attorney, writing reports, supervision consultation, my travel time, and my time in court. By signing this disclosure statement, you also agree to pay my attorney's rate for time billed to me.

_____ **Client Initials**

Supervision

As part of my pursuit of optimal care and my on-going professional development, I participate in regular supervision about my cases with my clinical supervisor. I am currently supervised by Deb King, MA, MS Ed. S., LPC.

Payment, Fees, and Structure.

I provide short-term, long-term, and open-ended therapy. Individual sessions are generally 60 minutes in duration. My full fee is \$150 per 60 minute session for individuals and \$250 (2 hours) for couples and family sessions. However, I provide sliding fees depending on your need and my availability. Payment is due before the end of each session and payment is fully your responsibility. I can bill clients on a monthly basis via an coded invoice. I do not work directly with insurance companies. Any additional calls, reports, consultations with insurance companies and/or other professionals are charged at my hourly rate of \$150 (in 30 minute intervals). Phone conversations with clients longer than 10 minutes are also charged at the \$150 rate/30 minute intervals.

Cancellation & Late Policy

To cancel or re-schedule an appointment, I request that you give at least 24 hours advance notice or you will be asked to pay half of the session fee. If I have to cancel an appointment for some reason, I too will cancel within 24 hours. If you do not show up for a scheduled appointment or cancel right before the scheduled time, you will be charged the full fee for that session.

Session Length

Individual sessions are generally 60 minutes in length. I do offer extended sessions to maximize effectiveness. Sessions for couples and families range from a minimum of 90 minutes, but generally are 2-2.5 hours in length. Longer sessions can occur upon mutual agreement.

Contacting Me

I can be reached at the Ground Counseling phone number 303.945.3861. Messages can be left at any time, day or night. I do check messages regularly and I will return your call as soon as I can. I try to return calls within 24 hours during the week or by the next business day. I will not be returning calls on weekends, holidays, or vacations, unless it is an emergency and we have agreed to this previously.

_____ **Client Initials**

Emergencies

In an emergency, call 911 or Emergency Psychiatric Services 24 hr. hotline at (303) 441-3650 or go to the nearest hospital Emergency Room (ER). This includes emergencies that occur during work hours as well as after hours and weekends.

Electronic Communications

If you agree to communicate via email or text message with me, I cannot guarantee that those communications will remain confidential due to the nature of such technology or unauthorized monitoring. Emails sent by me are not encrypted. However, confidentiality does extend to those communications.

You agree and understand that such communications are to be used for business-related communication, such as scheduling appointments and NOT as a means for psychotherapy. _____ **Client Initials**

Additional Information

*I cannot ask for referrals or testimonials from my clients. You are welcome to refer potential clients to Ground Counseling and your privacy and confidentiality is my priority. Referrals are welcome and appreciated.

*If you see me in public, you are in charge of the interaction. I will not reveal how I know you to anyone. I will not approach you and will assume a stance of distance. This is to give you full control of your privacy.

*I do not have any social relationships with my clients due to dual relationships being unethical.

*If I determine that I do not have the necessary skills or training to work with your specific issues, I will inform you of this and offer you referrals to other therapists who may be able to support you.

*If you display any verbal or physical threat to myself, my office, other clients, staff or family, I reserve the right to terminate our work unilaterally and immediately. If necessary, I will call the police. If I terminate therapy with you, I can offer referrals for psychotherapy, but cannot guarantee anyone working with you.

*There may be times when I need to consult with a supervisor, fellow therapist, attorney, or other professional about issues raised in therapy. I will not use any identifying information and confidentiality will be maintained.

_____ **Client Initials**

If you have any questions or would like additional information, please feel free to ask.

ACKNOWLEDGEMENTS

I have received and read a copy of the HIPAA Notice of Privacy Practices _____ **Client Initials**

I have received and read a copy of the Client/therapist Disclosure statement _____ **Client Initials**

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

Print Client Name(s)

Therapist Signature

Client Signature

Client Signature

Parent/Guardian Signature

Date

If signed by a responsible party, please state the relationship to client and authority to consent.

_____ **Client Initials**