*Redigan Counseling Solutions*

*James Redigan, MA, LPC*

*Licensed Professional Counselor*

*720 S. Colorado Blvd. Suite 610-S, Denver CO 80246*

*970-581-3011*

*james@redigancounseling.com*

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*Professional Disclosure Statement:*

Your Rights as a Client:

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

*PROFESSIONAL BACKGROUND*

James Redigan, MA, LPC, is a Licensed Professional Counselor in the State of Colorado. He received his Masters of Counseling Psychology at the University of Colorado Denver in the field of Couples and Family Therapy. James received his Bachelors of Science from Colorado State University in Psychology.

*COUNSELING SERVICES*

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular problems you, your child, or family bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you (and perhaps your family or others) will have to work on things we talk about both during our sessions and at home.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me.

*SESSIONS*

I normally conduct an initial evaluation where we can discuss your needs and go over paperwork. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment or assessment goals. If psychotherapy is begun, I will usually schedule one 50-minute session (which, for purposes of this agreement, shall be defined as an “Appointment Hour”) per week at a time we agree on, although some sessions may be longer or more frequent. **Once an Appointment Hour is scheduled, you will be responsible for the FULL payment of the Appointment Hour unless you provide my office with notice of your intent to cancel your Appointment Hour, at least 24 hours in advance of the time your Appointment Hour was scheduled to begin.**

*CONTACTING ME*

I am not always available by telephone. While I am usually in my office between 9 AM and 5 PM, I do not answer the phone when I am with a client. I will make every effort to return your call on the same day you make it or within 24-hours, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. In case of emergencies, contact your physician, call 9-1-1 or go to the nearest emergency room and ask for the mental health clinician on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

*PROFESSIONAL RECORDS*

The laws of Colorado and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, under certain circumstances, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I strongly recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

*MINORS*

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement be made between me, you, and your parents regarding how much information they will have access to and when. Many times the decision will be for parents to agree to give up their right to access clinical aspects of your records. If you agree to a restriction of access to records, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. I am also required to file a report with the state if you are being abused. In these situations, I am legally obligated and will notify your parents of my concern. At the end of your treatment, I will also provide your parents with a summary of your treatment but we can discuss it before I send it to them. Before giving your parents any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

*PARENTS*

Please be aware that if you are seeking my professional services on behalf of your minor child that the law may provide you as parent/legal guardian the right to examine your child’s treatment records. It is my policy to request an agreement from you and your child regarding the degree to which you may receive feedback about your child’s progress in treatment and access your child’s treatment record. As a parent, you maintain full responsibility for payment of services rendered.

*CONFIDENTIALITY*

In general, the law protects the privacy of all communications between a client and a therapist, and I can only release information about our work to others with your written permission. There are a few exceptions including those previously described. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings such as in child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client’s treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I am required to report to the appropriate state agency.

If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don’t object, I will not tell you about these consultations unless I feel that it is important to our work together.

*STATE OF COLORADO INFORMATION*

You are entitled to receive information about methods of therapy, the techniques used, the duration of therapy (if known), and the fee structure. You may seek a second opinion from another therapist or terminate therapy at any time. You should know that in a professional relationship, sexual intimacy is never appropriate and should be reported to the Grievance Board. You should understand that information you provide or that which is provided to you is legally confidential except where there is a life-threatening situation, and/or abuse of a child (C.R.S. §12-43-218). As described above, I will discuss other exceptions to confidentiality if they arise.

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental

Health Licensing Section of the Division of Professions and Occupations. The Board of Registered Psychotherapists 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:

 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.

 Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training

hours and 1,000 hours of supervised experience.

 Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000

hours of supervised experience.

 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.

 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.

 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.

 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.

Generally speaking, the information provided by and to the client during therapy sessions is

legally confidential and cannot be released without the client’s consent. There are exceptions to

this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised

Statutes**,** as well as other exceptions in Colorado and Federal

law. For example, mental health professionals are required to report suspected child abuse to

authorities. If a legal exception arises during therapy, if feasible, 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 a professional relationship, sexual intimacy is never appropriate and should be reported to the

board that licenses, registers, or certifies the licensee, registrant or certificate holder.

You are entitled to receive information from your therapist about the methods of therapy, the techniques

used, the duration of your therapy (if known), and the fee structure. You can seek a second opinion from

another therapist or terminate therapy at any time.

*CONCLUSION & ACKNOWLEDGEMENT*

Your signature below indicates that you have received the information in this document in written and verbal formats and understood your rights and responsibilities as a client (or parent on behalf of a minor client, ensuring that I have authority to execute this document on his/her behalf).

If they arose, any questions you had about this agreement have been answered, including the structure of this professional relationship discussed. You agree to abide by all terms of this agreement during our professional relationship.

In signing, you also verify that you have been informed verbally and in writing of the license, degree, and credentials of your therapist, as well as, acknowledge receipt of a copy of this agreement.

Signature of Client:

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By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

(print name)

Signature of Parent or Guardian:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

(print name)

Signature of Therapist:

James Redigan, MA, LPC

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_\_

Client Received Copy \_\_\_\_\_

Client Refused Copy \_\_\_\_\_