

## DISCLOSURE STATEMENT

### Degrees, Certifications and Therapy Modalities Offered:

I am a Licensed Marriage and Family Therapist, LMFT.0001300 in Colorado with a Masters Degree in Marriage and Family Therapy from Regis University. I am a Level II PACT Couples Therapist and a Certified Imago Couples Therapist. Additionally, I am a Clinically Trained Hypnotherapist using Rapid Resolution Therapy (RRT) and Heart-Centered Hypnotherapy. My clinical orientation is an Integrative, Neuroscience-based, Systems, Attachment and Cognitive-Experiential, Brain-Change approach designed to facilitate quicker and lasting results.

### Your Rights and Responsibilities as a Client:

- You are entitled to receive information from me about my methods of therapy, techniques used, duration of your therapy (if I can determine it), and my fee structure.
- You may seek a new therapist or terminate therapy at any time. If you terminate therapy without formally stating it to me, I may reach out to you **one time** to follow up. You have every right to simply not respond.
- Please address any concerns you have regarding your progress in therapy with me.
- In a professional therapeutic relationship, sexual intimacy between therapist and client is never appropriate.

### Benefits and Outcomes of Therapy:

Psychotherapy is a process in which you and I discuss a variety of issues, events and experiences for the purpose of creating positive change so you can experience your life more fully. Participating in therapy may result in a number of benefits to you, including (but not limited to): reduced stress and anxiety, a decrease in negative thoughts and behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Just as a medical doctor cannot guarantee positive outcomes for all patients, neither can a psychotherapist. Participating in therapy may involve some discomfort, including remembering and discussing unpleasant feelings and experiences (and perhaps invoking feelings of sadness, anger, fear, etc). Treatment may result in unintended outcomes, including changes in personal relationships. Growth brings change, and sometimes change (even positive change) may cause stress.

### Regulatory Requirements applicable to Mental Health Professionals:

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 or DORA. The regulatory boards can be reached at (303) 894.7800, 1560 Broadway, #1350, Denver, CO 80202 and online at [www.dora.state.co.us/mental-health/mft](http://www.dora.state.co.us/mental-health/mft).

A Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, and 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, Marriage and Family Therapist Candidate, and 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 HS graduate, and complete required training hours and 1000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelor's 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 master's 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.

### Limits of Confidentiality:

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 per The Mental Health Practice Act (CRS 12-43-101, et seq.) via [www.dora.state.co.us/mental-health/Statute.pdf](http://www.dora.state.co.us/mental-health/Statute.pdf). Information disclosed to a licensed marriage and family therapist (and any other Licensed Mental Health Practitioners) is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates. If a legal exception arises during therapy, if feasible, you will be informed accordingly. There are exceptions to the general rule of legal confidentiality, which are listed in section 12-43-218 of the Colorado Revised Statutes.

Confidentiality will be broken because I am mandatory reporter and required to do the following:

1. Report any suspected incident of child abuse or neglect and elder abuse to law enforcement.
2. Report any threat of imminent physical harm by a client to law enforcement and to the person(s) threatened.
3. To initiate a mental health evaluation of a client who is imminently dangerous to self or to others, or who is gravely disabled, as a result of a mental disorder.
4. To report any suspected threat to national security to federal officials.
5. I may be required by Court Order to disclose treatment information.

**Litigation Limitation:**

Due to the sensitive nature of the therapeutic process and the fact that it often involves disclosing matters confidential in nature, it is agreed that should there be any legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call me (or subpoena me) to testify in court or at any other proceeding, nor will a disclosure of the 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 consultations, my travel time and my time in court. By signing this Disclosure Statement, you also agree to pay my attorney’s hourly rate for time billed to me. \_\_\_\_\_ **Client Initials**

**Cancellation Policy:**

If you are unable to make your appointment, you must cancel **within 48 hours** of your scheduled appointment to avoid a cancellation fee of \$100. **No Shows** and **cancellations within 2-hours** of your scheduled appointment will be charged the full session fee based on the session length we had agreed to. Emergencies, illness and extreme snow or other inclement weather advisories are the only exceptions and are assessed on a case-by-case basis.

**Payment and Fee Information: (Rate/Hour)**

- Adult Individuals: \$150
- Couple or Family Therapy: \$175
- Hypnotherapy using RRT: \$175

Fees are payable at the time of service (unless, otherwise agreed upon): Cash, Check, Credit Card or HAS card. If checks are returned due to insufficient funds, a \$35 fee will be charged to you. I do not bill clients. I can provide an invoice for your records. **Reduced Fee** Sessions, when available, are for on-going, bi-weekly appointments.

**Session Length:**

In general, I offer extended sessions to maximize the effectiveness of therapy.  
**Hypnotherapy using RRT** sessions for adults are 2 – 3 hours with follow-up sessions at 90 minutes – 2 hours.  
**Couple or Family** sessions are 2 – 2.5 hours initially with follow-up sessions anywhere from 90 minutes – 2 hours.  
**Remote Therapy (Phone or Video Chat)** sessions are case by case and generally range 60 minutes – 2 hours.  
*Session times may be extended when needed, in the moment, and charged accordingly in 15-minute increments.*

**Insurance:**

I am an ‘out of network’ provider. The amount of any co-payments or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. I am happy to provide an invoice for you to submit for insurance reimbursement. I am unable to guarantee your insurance will provide payment for services provided.

**Therapist Availability for Telephone Calls, Text Message and Email:**

Non-urgent phone calls are returned during normal weekdays within 24 hours. If you have an urgent need to speak with me, please indicate that in your message. Due to the nature of my work, I am usually not immediately available by telephone. I keep my phone on silent so as not to interrupt my therapy sessions. If you need to reach me for non-urgent reasons outside of our scheduled sessions, you can leave me a message, text or email. I do not return phone calls or emails during the evenings, nights, weekends or when I am on vacation.

- Contact between sessions should be brief and limited to scheduling. This is to protect your privacy.
- You will be charged (in 15-minute increments) for calls, texts or emails that last more than 10-minutes at the rate of \$150 per hour as well as other professional services requested by you including report writing, consulting with other professionals, preparation of records and/or treatment summaries for insurance claims or disability services or other government agencies.

**Emergencies:** I provide non-emergency psychotherapy services by scheduled appointment. As a solo practitioner in independent practice, I am unable to provide extensive or ongoing emergency care. I do not provide 24-hour emergency coverage. If you have a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request assistance, Rocky Mountain Crisis Partners at 1-844-493-TALK(8255), or go to the nearest available emergency room.

**Electronic Communications:** If you agree to communicate via electronic communications such as telephone, text or email, or any other electronic method of communication, I cannot guarantee that those communications will remain confidential due to the nature of such technology or unauthorized monitoring. Emails I send are not encrypted. However, confidentiality does extend to those electronic communications.

- You agree and understand that electronic communication is for business-related communications, such as scheduling and confirming appointments and NOT as a means of therapy.

**Social Media:**

- I cannot be your Facebook “friend” or connect with you on social media and will not accept your requests.
- Alternatively, you can “like” my FB business page via <https://www.facebook.com/CelesteLabadieLMFT> where I offer free educational materials. I also do not accept LinkedIn requests to connect.
- If you would like to receive my monthly newsletter with free educational material, initial here \_\_\_\_\_.

**Other Policies and Information (Referrals/Testimonials):**

- I cannot ask for referrals or testimonials from my clients. If you do choose to refer my services to a friend or offer a testimonial, your privacy and confidentiality is my priority. Referrals are always greatly appreciated.
- If you see me in public, you are in charge of the interaction. I do not reveal how I know you to anyone. I will not approach you and assume a stance of distance. This is to give you full control of your privacy.
- I do not have social relationships with my clients as dual relationships are highly unethical.
- If I determine that I do not have the training and/or skills necessary to address your specific issues, I will inform you of this fact and refer you to another therapist who can better meet your needs.
- If you verbally, physically threaten or exhibit violence towards myself, the office, any of my clients, staff or my family, I reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapy, I will offer you referrals for psychotherapy, but cannot guarantee others will accept you for therapy.
- There may be times when I may need to consult with a colleague or another professional, like an attorney, about issues raised in therapy. I will not disclose any identifying personal health information. I, and any other professional will protect confidentiality during consultation.

**ACKNOWLEDGEMENTS:**

I have read and received a copy of the HIPAA Notice of Privacy Practices: \_\_\_\_\_ **Client Initials**  
 I have read and received a copy of this Client/Therapist Agreement and Disclosure Statement: \_\_\_\_\_ **Client Initials**

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

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Print Client Name \_\_\_\_\_ Client Signature \_\_\_\_\_ Date \_\_\_\_\_

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Print Spouse Name (if applicable, Guardian Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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*If signed by a Responsible Party, please state relationship to client & authority to consent*