

DISCLOSURE STATEMENT

Degrees and Certifications

I am a Licensed Marriage and Family Therapist, MFT.0001300 in Colorado. I hold a Masters Degree in Marriage and Family Therapy from Regis University, August 2012. 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.

Type of Therapy

My clinical orientation is an Integrative, Cognitive-Experiential approach that may facilitate quicker and lasting results. My Theoretical Training and Certifications include PACT Level II Couple Therapy, Rapid Resolution Therapy, Heart-Centered Clinical Hypnotherapy, Imago Couple Therapy, Brain-Based Neuroscience and Attachment Theory.

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.
- In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section, as noted above.

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. Information disclosed to a licensed marriage and family therapist, a licensed social worker, a licensed professional counselor, a licensed psychologist, a marriage and family candidate, or an unlicensed psychotherapist 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 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.

If you are involved in divorce or custody litigation, my role as a therapist is not to make recommendations to the court concerning custody or parenting issues.

By signing this Disclosure Statement, you agree not to subpoena me to court for testimony or for disclosure of treatment information in such litigation; and you agree not to request that I write any reports to the court or to your attorney, making recommendations concerning custody.

If any of the above occurs, by signing this Disclosure Statement, you agree to pay an hourly fee double my regular rate for time preparing reports, talking with my attorney, my time spent traveling, receiving outside supervision 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.

The court can appoint professionals, who have no prior relationship with family members, to conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family's children.

Cancellation Policy

If you are unable to make your appointment, you must cancel ***within 48 hours*** of your scheduled appointment to avoid a \$150 cancellation fee. **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 and illness are the only exceptions.

Rates

- Individual Psychotherapy: \$150 / hour & Family Therapy: \$175 / hour
- Couple Therapy: \$175 / hour
- First TWO sessions are 2.5 hours in length. Follow-ups are 90 min – 2 hours.
- Rapid Relief Hypnotherapy: \$175 / hour (Adults) and \$150 / hour (Children and Teens)
- RRHT Adult Initial session is 2.5 - 3 hours. Follow up session 90 min – 2 hours.
- Children/Teens Initial session 75 min - 2 hours. Follow up session 60 - 90 min.

Fees are payable at the time service: Cash, Check, Credit Card or HSA (Health Saving Acct). I do not bill clients. I can provide an invoice for your records.

Sliding Scale available for on-going appointments only (less than a month apart in frequency).

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 the services provided.

Therapist Availability / Emergencies

- 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.

- In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request assistance.

Email, Phone, Text and Social Media

- Voicemails, Text or Email contact between office visits should be brief and should be limited to scheduling. This is to protect your privacy.
- Important issues should be discussed during scheduled sessions or by phone, limitedly (unless you give permission to consult with me by phone in lieu of an office visit) You will be charged for calls over 10 minutes in length.
- After your session, and with your permission, I may send an email containing homework or information we discussed or services you may have requested.
- If you discontinue therapy without formally stating it to me, I may call or email you **one time** to follow up and check in. The purpose is to give you as much support as possible. You have every right to simply not respond.
- Ethically, I cannot be your Facebook “friend.” 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.
- I will automatically include you in my *monthly* email newsletter when you sign this disclosure sheet. You can request to be removed at any time or follow the unsubscribe link at the bottom of the newsletter. If you prefer to not receive a monthly email from me, please initial here _____.

Referrals or Testimonials

- I cannot, ethically speaking, solicit 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. I may smile and then assume a stance of distance. This is to give you full control of your privacy.

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.

_____/_____
 Print Client Name Client Signature

_____/_____
 Print Spouse Name (if applicable) or Guardian / Spouse Signature (or Responsible Party’s)

 Date

 Celeste Labadie, LMFT Date

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