

DISCLOSURE STATEMENT

1. Pathways Counseling Colorado, LLC
19563 E. Mainstreet, Suite 206G
Parker, CO 80138
720-339-7848

2. Christina Pospeck received her Bachelor of Science Degree in Human Development and Psychological Services from Northwestern University. She received her Master's Degree in Counseling Psychology and Counselor Education from the University of Colorado - Denver. Christina is a Licensed Professional Counselor in the state of Colorado (License #4596).

3. The practice of licensed professional counselors are registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Licensed Professional Counselors 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 master's degree in their profession and have two years of post-master's 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 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 Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience. A CAC II 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.

4. 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.

5. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board licenses, registers, or certifies the licensee, registrant or certificate holder.

6. 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, and the Notice of Privacy Rights you were provided, as well as

other exceptions in Colorado and Federal law. For example, mental health professionals are required to report child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly. In addition, PHI and psychotherapy notes may be released in response to a complaint filed against the counselor.

7. The following uses and disclosures of PHI (Protected Health Information) will be made only with a client's (or authorized representative's) written authorization:

- a) Most uses and disclosures of psychotherapy notes.
- b) Uses and disclosures of PHI for marketing purposes
- c) Uses and disclosures that constitute a sale of PHI
- d) Other uses and disclosures not described in the NPP (Notice of Privacy Practices).

Individuals will be notified if there is a breach of unsecured PHI.

At the client's request, counselors may not disclose treatment information to the client's health insurance carrier for which the client has paid out-of-pocket, unless the disclosure is required by law.

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

Print Client's name

Client's or Responsible Party's Signature

Date

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