

## INDIVIDUAL DISCLOSURE STATEMENT

### KEITH HUGHES

#### Education, Certification, Licensing, Affiliation

#### 1. Degrees:

**Bachelor of Arts in Psychology – University of Northern Colorado 1989**

**Master of Arts in Pastoral Counseling (temperament theory) – Cornerstone University**

#### 2. Certifications:

**Certified Temperament Specialist – Cornerstone University**

#### GENERAL DISCLOSURES:

- The practice of licensed, registered or certified persons in the field of psychotherapy is regulated by the Mental Health Section of the Division of Registrations. The agencies within the Department that have specific responsibility: Colorado Dept. of Regulatory Agencies  
Mental Health Division and the Drug/Alcohol Division  
1560 BROADWAY #1350  
Denver, CO 80202  
303-894-7800  
[www.dora.state.co.us/registrations](http://www.dora.state.co.us/registrations)

#### CLIENT RIGHTS AND IMPORTANT INFORMATION

- You are entitled to receive information from me about my methods of therapy, the techniques I use, and the duration of your therapy, and my fee. Please ask if you would like to receive this information.
- You can seek a second opinion from another 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 Board that licenses, certifies or registers the therapist.
- Generally speaking, information provided by and to a client in a professional relationship with a psychotherapist is legally confidential, and the therapist cannot disclose the information without the client's consent. There are several exceptions to confidentiality which include: (1) I am required to report any suspected incident of **elder abuse or neglect and child abuse or neglect** to law enforcement; (2) I am required to report any threat of imminent physical harm by a client to law enforcement and to the person(s) threatened; (3) I am required 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) I am required to report any suspected threat to national security to federal officials;
- **I am required by HB 14-1271 to report any threats against locations such as churches, schools, theatres, workplaces, etc to law enforcement**, and (6) I may be required by Court Order to disclose treatment information.
- When I am concerned about a client's safety, it is my policy to request a Welfare Check through local law enforcement. In doing so, I may disclose to law enforcement officers information concerning my concerns. By signing this Disclosure Statement and agreeing to treat with me, you consent to this practice, if it should become necessary.
- Under Colorado law, C.R.S. § 14-10-123.8, parents generally have the right to access mental health treatment information concerning their minor children, unless the court or other regulations have restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, in compliance with Colorado law and HIPAA Standards.

- My practice is governed by the Health Insurance Portability and Accountability Act of 1996; however, In the case of insurance or other third party billing, it will become necessary to provide a diagnose code in order to receive payment. These codes could be disclosed improperly by the insurance company and perhaps become a problem to you at a later date. .
- I operate my practice as a ministry and I am often in alliance with many "faith communities" and organizations of similar beliefs and practices. At times, it is unavoidable that perceived dual relationships occur due to the nature of my extended coordination between religious groups, agencies, churches and individuals. I attempt to follow the "spirit" of each of my professional requirements in this arena. However, I disclaim the ability to adhere to any requirement that would predispose me to terminate or put at risk a client relationship as a matter solely of interpretation of a 'dual relationship' based upon a secular viewpoint.

ATTESTING THAT I HAVE RECEIVED THIS INFORMATION **VERBALLY AND BY COPY** I UNDERSTAND MY RIGHTS AS A CLIENT AND I HEREBY AGREE TO THERAPY UNDER THE ABOVE LIST OF DISCLOSURES.

CLIENT  
SIGNATURE \_\_\_\_\_ DATE

SIGNATURE OF SPOUSE IF  
FAMILY/MARITAL \_\_\_\_\_ COUNSELING  
DATE

SIGNATURE OF PARENT OR  
GUARDIAN IF CLIENT IS A MINOR  
DATE