INDIVIDUAL DISCLOSURE STATEMENT

KEITH HUGHES M.A.

303-883-3560

Education, Certification, Licensing, Affiliation

**1**. Degrees:

Bachelor of Arts Psychology University of Northern Colorado

Master of Counseling – Cornerstone University

2. Licensing:

Psychotherapist as registered by D.O.R.A.

Licensed Clinical Pastoral Counselor (N.C.C.A. #) – pending

**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 listed below have have specific responsibility:

Colorado Dept. of Regulatory Agencies

Mental Health Division Drug/Alcohol Division

1560 Broadway #1350

Denver, CO 80202

303-894-7800 **www.dora.state.co.us/registrations**

You, as my client, are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. Please ask me if you would like to receive this information.

1. **YOU MAY SEEK A SECOND OPINION FROM ANOTHER THERAPIST OR TERMINATE THERAPY AT ANY TIME.**

In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies my practice. ***(As noted above)***

Information provided by you during therapy sessions with me is legally confidential and the information shared in therapy cannot be released without your consent. However, there are exceptions to the general rules of confidentiality, particularly in the case of threat of harm to self or others, in child abuse issues, in some cases of child custody matters as well as in some criminal and delinquency proceedings. Other exemptions may be listed in the Colorado statutes, section 12-43-218 CRS-1998. You will be informed if, in my judgment, any matter may need to be disclosed to proper authorities.

My practice is governed by the HPSO malpractice insurance. 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. .

1. I operate my practice as a service to the common good / 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 high ethics toward 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.
2. **My Direct Clinical Supervisor is: Tad Lusk LPC 0013550 (303-815-2438)**

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