

## Southwest Counseling Associates

141 West Davies Avenue  
Littleton, Colorado 80120  
303.730.1717

# DISCLOSURE AND CONSENT FORM

Southwest Counseling Associates is committed to quality time-effective treatment for all clients regardless of age, race, sex, or religious affiliation. Professional Christian counseling and the use of spiritual resources are available for clients who request it.

### PAYMENT POLICIES

Our fees are based on **forty-five/fifty (45-50) minute sessions**. Your therapist is **Monte Hasz, MDiv, PsyD, Licensed Psychologist** and the per-session fee is **\$135**. Phone consultations are your responsibility and are billed in 15-minute increments. All calls over five minutes will be billed accordingly.

Our policy is that each person receiving counseling or testing services will pay for such services **at the time the professional services are rendered**. If there is partial insurance coverage, a co-pay will be due at the time of services. In cases in which children of divorced parents are receiving services, all fees due must be paid at the time of service by the accompanying adult. Charges shown by statements are agreed to be correct and reasonable unless protested in writing within thirty (30) days of billing date. **A \$35 administrative fee will be charged on all checks that are returned.**

If there are expenses due to legal action leading a therapist to consult with attorneys, you will be responsible for all fees, including but not limited to phone calls, written reports, or court appearances.

### CANCELLATIONS/MISSED APPOINTMENTS

We understand that at times, it is necessary to cancel an appointment. We request that **any changes or cancellations be made at least 24 hours in advance**. If there should be a need to cancel a Monday appointment, that cancellation would need to be made **by the Friday before the appointment**. **Any appointments or cancellations with less than 24 hours notice will be charged the regular per-session rate**. If the therapist determines it is an emergency, the charge can be waived. Most insurance providers do not cover missed appointment charges.

### DISCLOSURE REGARDING DIVORCE AND CUSTODY LITIGATION

If you are involved in divorce or custody litigation, the therapist role is not to make recommendations to the court concerning custody or parenting issues. By signing this Disclosure Statement, you agree not to subpoena your therapist(s) to court for testimony or for disclosure of treatment information in such litigation; and you agree not to request that your therapist(s) write any reports to the court or to your attorney, making recommendations concerning custody. 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.

### REGULATION OF PSYCHOTHERAPISTS

The practice of licensed or registered persons and Certified School Psychologists in the field of psychotherapy is regulated by the Department of Regulatory Agencies. **The regulatory boards can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800**. The regulatory requirements for mental health professionals include the following:

1. A Licensed Clinical Social Worker, a Licensed Marriage and Family therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision.
2. A **Licensed Psychologist** must hold a doctorate degree in psychology and have one year of post-doctoral supervision.
3. A Licensed Social Worker must hold a masters degree in social work.
4. 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.
5. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience.
6. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelors degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience.
7. A Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements.
8. A Registered Psychotherapist is listed in the State's Database and is authorized by law to practice psychotherapy in Colorado, but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.

**CLIENT RIGHTS AND IMPORTANT INFORMATION**

1. You are entitled to receive information from your therapist about methods of therapy, the techniques used, the duration of your therapy, and your therapist’s fee. Please ask if you would like to receive this information.
2. You may seek a second opinion from another therapist or terminate therapy at any time.
3. In a professional relationship (such as your relationship with your therapist), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should immediately be reported to the Board that licenses, certifies or registers the therapist.
4. The information provided by the client during therapy sessions is legally confidential in the case of licensed marriage and family therapists, social workers, professional counselors, and psychologists; licensed or certified addiction counselors; and registered psychotherapists, except as provided in section 12-43-218 and the HIPAA Notice of Privacy Rights you were provided. Certain legal exceptions will be identified by the licensee, registrant, or certificate holder should any such situation arise during therapy.
5. There are several exceptions to confidentiality which include:
  - (a) Your therapist is required to report any suspected incident of child abuse or neglect to law enforcement;
  - (b) Your therapist is required to report any serious threat of imminent physical violence against a specific person or persons, including those identifiable by their association with a specific location or entity;
  - (c) Your therapist is 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;
  - (d) Your therapist is required to report any suspected threat to national security to federal officials;
  - (e) Your therapist may be required by Court Order to disclose treatment information;
  - (f) Your therapist is required to report suspected neglect, abuse, or exploitation of elderly individuals; and
  - (g) SCA as an organization considers it an ethical obligation to report mistreatment, neglect, or exploitation of at-risk adults. This includes suspected and/or observed incidents that involve adults who are at-risk due to physical or mental causes.
6. In compliance with Colorado State law, all documents related to your care may be shredded seven (7) years after last clinical contact or after client turns 18 years 6 months, whichever is later.

**SUPERVISION**

As part of our commitment to quality care, all therapists participate in individual and group supervision. **Dr. Hasz** participates in a supervision group at SCA with **Jon Dimos, PhD**. In order to provide thorough, competent supervision and quality care, Dr. Hasz may, at times, determine that it is valuable for a session to be video or audio taped. In that event, you will be informed of such and asked to sign a consent form before any taping is done.

**AUTHORIZATION FOR TREATMENT**

I have read this disclosure. I have been given my therapist’s biography and am aware of my therapist's degrees and credentials. I understand the conditions as stated above, and I agree to receive counseling with my therapist under these conditions.

\_\_\_\_\_  
Client’s name printed

\_\_\_\_\_  
Client’s name if different than the Guarantor

\_\_\_\_\_  
Signature of Client or Legal Guardian

\_\_\_\_\_  
Signature of Spouse (when in joint therapy)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date