*HEATHER LEAVESLEY, M.A. - 720-363-5538*

PSYCHOTHERAPY DISCLOSURE STATEMENT

CLIENT RIGHTS

* You are entitled to receive information about methods of therapy, techniques used, estimated duration of therapy, and fees.
* You may seek a second opinion from another therapist.
* You may terminate therapy at any time.
* In a professional relationship sexual intimacy is never appropriate and should be immediately reported to the Department of Regulatory Agencies, Division of Registrations, Mental Health Boards, 1560 Broadway, Suite 1350, Denver, CO 80202

TREATMENT

* After our first sessions (1 to 3) I will be able to provide you, upon request, with an initial evaluation, proposed treatment plan, and estimate of length of treatment.
* If I cannot provide the services you need based on my experience, training, and skills, I will refer you to or help you locate another therapist who can.
* We will set treatment goals and periodically assess progress toward these goals.
* You may terminate at any time, but I request a final session to ensure a clean ending.
* Since I do not provide 24-hour crisis services, you should call 911, go to a hospital emergency room, or use the numbers on the provided EMERGENCY NUMBERS sheet for any emergencies.

CONFIDENTIALITY

* Information shared by you during therapy is legally confidential, and cannot be released without your consent.
* There are exceptions to this confidentiality, some of which are listed in section 12-43-218 Colorado Revised Statutes and the Notice of Privacy Rights you were provided.
* 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 treatment with me, you consent to this practice, if it should become necessary.
* If a legal exception arises during therapy, if feasible, you will be informed accordingly.

PERSONAL DISCLOSURE

Name Heather Kathryn Leavesley

Education M.A., Clinical Psychology, University of Colorado Denver

M.A., Computer Information Systems, University of Denver

B.A., Psychobiology, Boston College

Credentials Certified IFS Level II Practitioner - IFSCP:

15 years of training

Over 500 hours clinical practice

Demonstrated competency

5 years of IFS Training Assistant experience

Somatic Experiencing Intermediate III Trained:

6 years of training

3 years of SE Training Assistant experience

Certified Journal Trainer - CJT

Safe and Sound Protocol (SSP) Trained

Registration Colorado Unlicensed Psychotherapist #5764

An Unlicensed Psychotherapist is listed in the State’s database and is a psychotherapist 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.

Business InnerLight Coaching and Psychotherapy LLC. I am a sole proprietor, and am nota partnership associated with any other participants.

Addresses 1440 Blake St., #330, Denver, CO 80202

STATE REGULATION OF PSYCHOTHERAPY

The practice of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. Concerns with any psychotherapist can be addressed to The Board of Examiners, 1560 Broadway St, Suite 1350, Denver, CO 80202, 303-894-7800.

DISCLOSURE REGARDING DIVORCE AND CUSTODY LITIGATION

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. 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.

RETENTION OF CLIENT RECORDS

Any person who alleges that a mental professional has violated the licensing laws related to the maintenance of records of a client eighteen years of age or older, must file a complaint or other notice with the licensing board within seven years after the person discovered or reasonably should have discovered this. Pursuant to law, this practice will maintain records for a period of seven years commencing on the date of termination of services or on the date of last contact with the client, whichever is later. Records may not be maintained past this period.

DIFFERENCES BETWEEN LICENSURE, REGISTRATION, CERTIFICATION FOR ALL MENTAL HEALTH PROFESSIONS IN THE STATE OF COLORADO

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 masters degree in their professions and have two years of post-masters 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 masters 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, and complete required training hours and 1000 hours of supervised experience. A CAC II must have a bachelors degree in behavioral health, and complete additional required training hours and 2000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements.
* An Unlicensed Psychotherapist registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

ACKNOWLEDGEMENTS

I have received a copy of the Notice of Privacy Practices Client Initials

I have received a copy of this Disclosure Statement Client Initials

I have received a copy of my Client Agreement Client Initials

I have received Emergency Numbers info Client Initials

I have read the preceding information and the Client Agreement, and I understand my rights and responsibilities as a client.

Signature of Client Date