DISCLOSURE STATEMENT

1. My Degrees and Credentials are:

A) Pacifica Graduate Institute, Anticipated 2017
   1.Ph.D Somatic Depth Psychology

B) Pacifica Graduate Institute, 2014
   1. MA Somatic Depth Psychology

C) Goldsmiths College, University of London, 2010
   1. MA Dance Movement Psychotherapy

D) Florida International University, 2008
   1. BA Dance Education

E) Shakta Revolution, 2012
   1. Certified Yoga Instructor

F) Member of Four Professional Associations:
   1. ADTA, ADMPUK, CAP, MDIC, Yoga Alliance

G) I am licensed to practice in:
   1. United Kingdom, Dance Movement Psychotherapy, 2010
   2. Colorado, USA, Registered Psychotherapist, 2010
   3. Colorado, USA, Child and Family Investigator (CFI), 2011
   4. Colorado, USA, Certified Yoga Teacher, 2012

H) The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, licensed or certified addiction counselors, and unlicensed individuals who practice psychotherapy. The agency within the Department that has responsibility specifically for licensed and registered psychotherapists is the Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7766.

I) Client Rights and Important Information:

A) You 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 if you would like to receive this information.

B) You can seek a second opinion from another therapist or terminate therapy at any time.

C) 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 Department of Regulatory Agencies, Mental Health Section.

D) Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.

E) Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or a Registered psychotherapist is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates. There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S. There are exceptions that I will identify to you as the situations arise during therapy.

J) The fees for the services of Denver Counseling Group, LLC are $155.00 per session and are to be paid at the time of the service. Failure to provide the allocated fees will result in the use of a collection agency. Any session missed/cancelled, without a 24 hour notice will still be paid in full. If you have any questions or would like additional information, please feel free to ask.

K) I have read the preceding information and understand my rights as a patient.

Client/Gaurdian
Signature _____ _____

_____ _____

Therapist Signature Date