

DISCLOSURE STATEMENT- for age 15-Adult

Education and Professional Training:

Master of Social Work, Loyola University, Chicago, IL
Bachelor of Science, Special Education, University of Wisconsin-Madison
Certificate of Substance Abuse Counseling, Oakton Community College, Des Plaines, IL

Licensure in Colorado:

Licensed Clinical Social Worker, granted 11/6/2009 #1434
Certified Addictions Counselor, Level III, granted 1/11/2011 #7085

The Colorado Department of Regulatory Agencies (DORA) 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, and unlicensed individuals who practice psychotherapy.

Department of Regulatory Agencies, Mental Health Section
1560 Broadway, Suite #1350
Denver, Colorado 80202
(303) 894-7800

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 DORA, 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 marriage and family therapist, a licensed social worker, a licensed professional counselor, a licensed psychologist, or an unlicensed therapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's written consent.

Information disclosed to a licensed marriage and family therapist, a licensed social worker, a licensed professional counselor, a licensed psychologist, or an unlicensed 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 the disclosure of confidential communication do not apply to any criminal or delinquency proceeding, except as provided in C.R.S. 13-90-107. I will identify any exceptions to you if any such situation arises while the therapeutic relationship exists or after we have terminated the therapeutic relationship.

Because of my commitment to ongoing professional development and providing the best services possible, from time to time I will consult with colleagues and supervisors about your case. During consultation I will safeguard your identifying information in order to preserve your confidentiality. If you have any questions or would like additional information, please feel free to ask.

I have read the preceding information and understand my rights as a client.

Client Signature & Printed Name

Date

THERAPEUTIC AGREEMENT

I hereby grant my permission for therapy or diagnostic evaluation that may be deemed pertinent in the counseling of myself, my relationship or my family. The therapy sessions are strictly confidential except where state law requires the reporting of threats of violence, harm or child abuse and neglect (from evidence or suspicions), and when information is subpoenaed by the courts.

Being aware that there may be potential for emotional strains, stresses, and life changes as a result of therapy, I agree to enter the therapy process.

Lana Isaacson does not provide emergency services and I am aware of a local ER I can go to if necessary or will call 911. Lana does not complete disability paperwork for clients.

Communication

In between sessions, clients may communicate with Lana by phone (5 minutes/max.per week) or email to reschedule a session. *Lana does not do text messaging or conduct conversations through email/chat.

Fees

A family session costs \$100 & a 1:1 session is \$80 per 50 minutes. All of my professional time will be charged the latter rate unless I am offering you a sliding scale rate. **This includes report writing or letters and phone calls.**

Payment Policy

Payment is due at the beginning of a session or when services are rendered, unless prearranged. I agree to pay \$_____ per therapy session. **Cash or Paypal are the two options I offer. If using Paypal,** you need to **pay 24 hours prior to your session** in order for me to see this payment posted. (no Internet access in my office)

Insurance

At your request, I will give you an invoice at the end of the month, which you can submit to your insurance company. If your insurance company does not reimburse you, you are still responsible for your entire bill.

Cancellations

The client is required to give at least 24 hours notice of cancellation.
If 24 hour notice is not given, the client is responsible for paying for the missed appointment time.

Accountability/Safety

Clients must be sober to attend therapy sessions. If a client is not able to do so, a higher level of care will be discussed.

Contact Information (*only* write a phone number below that it is okay to contact you at)

Client Name (please print)

Date of **Birth & Age**

Street Address, City, State, & Zip Code

Email Address

Home Phone

Work Phone

Cell Phone

_____ Do _____ Do not leave messages on an answering machine/voice mail.

_____ Do _____ Do not leave messages with any other person

If yes, name(s) of people: _____

I _____ have read and fully understand and agree to the above conditions.

I request and consent to counseling sessions with Lana Isaacson, LCSW, CAC III.

Client Signature

Date