

## CLIENT DISCLOSURE STATEMENT

### **CORAM DEO COUNSELING & CONSULTING, PLLC**

3225 Templeton Gap Road  
Colorado Springs, CO 80907  
719-650-3656  
www.CoramDeoCounseling.org

### **TERRY L. LAMBRIGHT, PhD, LPC**

Olivet Nazarene University, 1970, BA, English  
Illinois State University, 1977, MM, Music  
University of Colorado at Colorado Springs, 1993, MA, Counseling  
University of Colorado at Denver, 1999, PhD, Educational Leadership and Innovation

- I. Terry L. Lambright, PhD, is a Licensed Professional Counselor (LPC) in the state of Colorado. To become an LPC, the Colorado State Board of Licensed Professional Counselor Examiners required him to earn a graduate degree involving competency in 8 core areas: Human Growth and Development, Social and Cultural Foundations, Helping Relationships, Groups, Lifestyles and Career Development, Appraisal, Research and Evaluation, and Professional Orientation. Following this academic preparation, he completed 2000 hours of clinical experience, supervised by an approved licensed therapist, and passed the Colorado state Licensed Professional Counselor examination.
- II. The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Licensed Professional Counselors Examiners Board can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.
- III. You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy (if known), and the fee structure. You may seek a second opinion from another therapist or terminate therapy at any time.
- IV. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant, or certificate holder.
- V. The information provided by the client during therapy sessions is legally confidential in the case of individuals licensed, certified, or registered pursuant to Colo. Rev. Stat. § 12-245, except as provided in § 12-245-220 and except for certain legal exceptions that will be identified by the licensee, registrant, or certificate holder should any such situation arise during therapy.
- VI. **Professional Fees: I understand that I am legally responsible to pay for these services in the form of cash, check, or credit card.**
- A. **I understand that the fee for Individual Counseling is \$80 (1-hr. session) and the fee for Marriage Counseling is \$80 (1-hr. session) or \$150 (2-hr. session). Unless I give a 24-hour notice prior to canceling, I will be charged in full for my appointment.**
- B. **I understand that the fee for Group Counseling is \$40 (1 ½ -hr. session). My commitment to group work is a minimum of 8 consecutive sessions. Unless I give 24-hour notice prior to canceling the first session, I will be charged \$320. There is no refund for group sessions I do not attend.**
- C. **I understand that if my therapist is subpoenaed by the court services on my behalf are \$200 per hour, including case research, report writing, travel, depositions, actual testimony, cross examination, and courtroom waiting time.**
- VII. **Legal:** I understand that if I am involved in a divorce or custody litigation, my therapist's role is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning issues involved in the litigation. By signing this disclosure statement, I agree not to call my therapist as a witness in any such litigation or subpoena for summons or records.

I understand notes will be written during the course of therapy. Written notes are not intended to be, nor are they part of, a "medical" record. They are intended solely for my therapist's use to assist in determining the course of therapy. If I complete a Release of Information Form, a summary can be provided for a fee. My therapist is not required to comply with any request for counseling notes.

I understand a client's records may not be maintained after seven years pursuant to Colo. Rev. Stat. § 12-245-226 (1)(a)(II)(A).

- VIII. **Communication:** I understand that emailing, texting, faxing, or using a phone may not be confidential means of communication. I will not hold my therapist responsible or liable for breach of confidentiality if I choose to communicate with my therapist in these ways.

- IX. **Counseling Process:** I understand that for counseling to be most successful I will need to be actively engaged and participate in my own healing and growth, including completing work to be done outside my therapy sessions.

I understand that my therapist employs a variety of counseling techniques from an integration of several theoretical orientations. However, I ultimately get to decide the issues on which my therapist and I work. If I decide I am not ready to deal with a particular issue at any point, I am encouraged to say so.

I understand that potential risks of counseling involve recalling unpleasant aspects of my personal history that may bring up distressing thoughts and feelings. Progress nearly always brings change; and sometimes change, even positive change, causes stress. There are no guarantees that I will feel better or that my problem(s) will be resolved through therapy.

I understand that in distance counseling, such as teletherapy, if an ongoing therapeutic relationship is established, it is expected a face-to-face visit would occur. By signing this, I accept full responsibility for face-to-face visits.

I understand that recording my counseling sessions is never permitted. Taking notes is encouraged. **If I choose to pursue therapy at Coram Deo Counseling & Consulting, I agree that I will not record, in any manner, any portions of the sessions.**

X. **Marriage & Family Counseling:** I understand that if I and my partner and family members decide to have individual sessions, as part of marriage and family therapy, what I say in those individual sessions will be considered to be a part of the marriage and family therapy. This information may and probably will be discussed in our joint sessions. Signing this disclosure statement affirms permission to share this confidential information.

XI. **Crisis:** I understand that my therapist provides non-emergency, therapeutic services by scheduled appointments and does not provide 24-hour coverage. I understand that clients seen in outpatient psychotherapy are assumed to be responsible for their day-to-day functioning.

I understand that if I have a life-threatening emergency I am to call the National Suicide Prevention Lifeline at 800-273-8255, call 911, or go to the nearest emergency room.

XII. **Consultation and Supervision:** I understand that it is ethical and common practice for psychotherapists to consult with other professionals or colleagues about issues that arise within therapy. My confidentiality will still be protected during consultation and supervision sessions. Signing this disclosure gives my psychotherapist permission to consult and seek supervision as needed to provide professional services to me as a client.

XIII. **Termination:** I understand that I have the right to discontinue therapy at any time. If I decide to stop therapy, it can be beneficial to discuss termination with my therapist for final processing, closure, and referrals. My therapist reserves the right to discontinue therapy with me.

XIV. **Regulatory Requirements Applicable to Mental Health Professionals:** The following list provides a general description of each type of license, registration, and certification in Colorado.

\* A Registered Psychotherapist is a psychotherapist 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. \* A Certified Addiction Counselor I (CAC I) must be a high school graduate or equivalent, complete required training hours and 1,000 hours of supervised experience.

\* A Certified Addiction Counselor II (CAC II) must be a high school graduate or equivalent, complete the CAC I requirements, and obtain additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam. \* A Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete CAC II requirements, and complete additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam. \* A Licensed Addiction Counselor must have a clinical master's degree, meet the CAC III requirements, and pass a national exam. \* A Licensed Social Worker must hold a master's degree from a graduate school of social work and pass an examination in social work. \* A Licensed Clinical Social Worker must hold a master's or doctorate degree from a graduate school of social work, practiced as a social worker for at least two years, and pass an examination 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 Licensed Marriage and Family Therapist must hold a master's or doctoral degree in marriage and family counseling, have at least two years post-master's or one year post-doctoral practice, and pass an exam in marriage and family therapy. \* A Licensed Professional Counselor must hold a master's or doctoral degree in professional counseling, have at least two years post-master's or one year postdoctoral practice, and pass an exam in in professional counseling. \* A Licensed Psychologist must hold a doctorate degree in psychology, have one year of post-doctoral supervision, and pass an examination in psychology.

### **CREDIT CARD INFORMATION**

**Payment by Credit Card will be charged within 24 hours of the appointment.**

Card Name \_\_\_\_\_ Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on the Card \_\_\_\_\_ Security Code on Back \_\_\_\_\_

**I HAVE READ THE CLIENT DISCLOSURE STATEMENT. IT HAS ALSO BEEN PROVIDED VERBALLY.  
I UNDERSTAND MY RIGHTS AS A CLIENT OR AS THE CLIENT'S RESPONSIBLE PARTY.**

Print Client's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_