

Joni Zepp, MA, RN, CAC III, LPC

Your Story Matters: See. Hear. Remember.

DISCLOSURE STATEMENT

CREDENTIALS:

Licensed Professional Counselor, LPC

Certified Spiritual Director

Registered Nurse, RN

Certified Addictions Counselor, CACIII

B.S. Nursing

M.A. Education and Counseling

Professional Organizations:

-- American Association of Christian Counselors

-- American Association of Christian Counselors Biblical Counseling and Formation Network
Over Thirty Years of Experience in the Mental Health Field

REGULATION OF PSYCHOTHERAPISTS

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 regulatory boards can be reached at 1560 Broadway, Suite 1350, Denver Colorado 80202, (303) 894-7800. The regulatory requirements for mental health professionals provide that 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. A CACIII must have a bachelors degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements.

CLIENT RIGHTS AND IMPORTANT INFORMATION

- A. You are entitled to receive information from me about my methods of therapy, the techniques I use, and the duration of your therapy. 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, sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Board of Licensed Professional Examiners.

- D. Generally speaking, information provided by and to a client in a professional relationship with a psychotherapist is legally confidential, and the therapist cannot disclose the information without the client's consent. There are several exceptions to confidentiality which include: (1) I am required to report any suspected incident of child abuse or neglect to law enforcement; (2) I am required to report any threat of imminent physical harm by a client to law enforcement and to the person(s) threatened, and (3) I am 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.
- E. In order to keep our relationship professional, please do not give me any gifts, however small.
- F. 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.

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.

I have read the preceding information and understand my rights as a client. I also acknowledge that I have been offered a copy of this Disclosure Statement.

Client Signature/Legal Representative

Date

Therapist Signature

Date