

DISCLOSURE STATEMENT

Shelley Lazear LCSW

6535 S. Dayton St. Greenwood Village, CO. 80111

Office Phone 303-770-0161

Licensed Clinical Social Worker CO. # 99858

DEGREES:

Bachelor of science in Social Work 1978 The Ohio State University, Columbus, Ohio

Master of Science in Social Work, 1985 The Ohio State University, Columbus, Ohio

PROFESSIONAL CERTIFICATIONS:

MBTI (Myers Briggs Type Indicator)

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 (1560 Broadway, Suite 1350, Denver, CO 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 Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-master's 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 master's 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 Addictions Counselor I (CAC I) must be a high school graduate and complete required training hours 1000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelor's 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 master's degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists and is not licensed or certified.

CLIENT RIGHTS AND IMPORTANT INFORMATION

A client is entitled to receive information from the therapist about degrees and credentials, methods of therapy, techniques used, the possible duration of therapy and the fee structure. Please ask if you would like to receive more information. You may seek a second opinion from another therapist or

terminate therapy at any time. In a professional relationship such as ours, sexual intimacy is not appropriate and should be reported to the Department of Regulatory Agencies.

Information you provide during counseling is legally confidential and cannot be disclosed without the client's consent. There are several exceptions to confidentiality which include that I am required to 1) report suspected incident of child abuse or neglect to law enforcement; 2) report threat of imminent physical harm by a client to law enforcement and to the person/s threatened; 3) 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; 4) report any suspected threat to national security to federal officials; and 5) I may be required by Court Order to disclose treatment information.

Shelley Lazear LCSW likes to thank the professional person or organization that referred you. If you do not want Shelley Lazear LCSW to contact the referring person/organization, please indicate that by initialing this line. _____

Occasionally Shelley Lazear LCSW meets in consultation with other licensed therapists. When she judges it to be helpful to a client's therapy, she may discuss aspects of diagnosis and treatment with those professionals, making every reasonable effort to disguise identifying information about a client. Such professionals in this type of consultation are, like Shelley Lazear LCSW, bound by confidentiality.

DISCLOSURE REGARDING TREATMENT OF MINOR CHILDREN

Under Colorado law parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, in compliance with Colorado law and HIPAA Standards.

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 the Disclosure Statement on the preceding page, 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 interest of the family's children.

GENERAL CONSENT FOR COUNSELING

I have been informed of Shelley Lazear's degrees, credentials, and license. I have read the preceding information and it has been presented to me verbally. I understand the disclosures that have been

made to me. I agree to the policy described herein. I consent to begin counseling, including evaluation, treatment or referral. I agree to pay for counseling services including medical, psychological or psychiatric consultation fees, testing, and report charges, and all account balances as indicated in Shelley Lazear's Financial Agreement.

I have also been informed that to reach Shelley Lazear for ordinary concerns I may call her office number and she will try to return the call by the end of the next business day or before if possible. For urgent concerns I will leave a message at the office number as well as on the cell phone number indicated on the office number, knowing that Shelley Lazear LCSW or the therapist on call for her will get back to me as soon as possible. In an unusual circumstance if I need assistance prior to reaching Shelley Lazear LCSW or an on-call therapist, I will seek help by calling 911 or going to the nearest emergency room.

Shelley Lazear LCSW complies with HIPAA standards. I hereby acknowledge being presented with the offer to receive Shelley Lazear's LCSW Notice of Privacy Rights. A copy of this document has been given to me for my records.

Client signature _____ Today's Date ___/___/___

Client name (please print) _____ Date of Birth ___/___/___

Occupation _____ Phones: Work _____ Cell _____

Address _____ City _____

State _____ Zip _____

In case of emergency please contact:

_____	_____	_____
Name	Relationship	Phone Number

_____	_____	_____
Name	Relationship	Phone Number

Referral Source(How did you find me?): _____

FINANCIAL STATEMENT

Fees are based on a standard therapeutic hour, which is a 50-minute session. Payment is due each session by cash or check. The standard fee is \$120 per session. When a session exceeds an hour, the fee for each additional 15 minutes will be ¼ of the hourly fee. Each check returned because of insufficient funds will result in a charge to you of \$15 plus bank charges. Appointments which are not cancelled twenty-four hours in advance will be charged at the rate of \$75.00 to the client. Any balance

not paid at the conclusion of treatment will be charged a rebilling fee of \$3.00 per month from the date of initial billing for any balance due unless a special arrangement has been agreed upon in writing.

You are responsible for determining if your health insurance covers psychotherapy. I work with a medical billing company and they verify benefits if you contact them prior to the first session. If your mental health benefit is accessed through a managed care agency, Ponderosa Billing Services will file your claims, but you remain responsible for the charges. Ponderosa Billing Services can provide a monthly statement on behalf of Shelley Lazear LCSW showing payments you have made if you request it. You are responsible for the contracted coinsurance payment at the time of session unless other arrangements have been made. You agree that all copays and insurance reimbursements will be made out to Shelley Lazear LCSW .

Any psychological or psychiatric consultation fees, testing, and report charges, and all account balances as indicated on page one. Any balance not paid at the conclusion of treatment will be assessed a service charge at the rate of 1.5% per month unless I make special arrangements with Shelley Lazear LCSW at the time of termination. By signing this agreement, I am agreeing to this financial plan.

Client Signature(s)

___/___/___
(Date)

Therapist Initials

___/___/___
(Date)
