



Disclosure Statement

Jerry L. Hamill MA, LPCC
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1. Regulation of Psychotherapists

- A. The Colorado Department of Regulatory Agencies, Mental Health Section of the Division of Registrations, has the general responsibility of regulating the practice of licensed or registered persons in the field of psychotherapy. The Board of Licensed Professional Counselors can be contacted at 1560 Broadway, Suite 1350, Denver, CO 80202; 303-894-7768; www.dora.state.co.us

- B. As to the regulatory requirements applicable to mental health professionals: 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 Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a masters 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 Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1,000 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 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. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists and is authorized by law to practice psychotherapy in Colorado, however is not licensed and not required to satisfy any standardized educational or testing requirements.

- C. Jerry Hamill is a graduate of Denver Seminary and has completed all required course work for his Master's Degree in Clinical Mental Health Counseling. He is a Licensed

Professional Counselor Candidate and working toward completion of 2,000 hours of supervised practice to become a Licensed Professional Counselor. As a candidate, he is supervised by a professional under the regulation of the Mental Health Boards of Colorado. Additionally, Jerry Hamill has passed the National Counselor's Exam.

2. Client Rights and Important Information

It is important that you know the following information:

- A. You are entitled to receive information about my methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure.
- B. You may seek a second opinion from another therapist or may terminate therapy at any time.
- C. 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.

3. Confidentiality and Privacy Rights

- A. The information provided by the client during therapy sessions with a psychotherapist is legally confidential, and the therapist can not disclose the information without the client's consent and except as provided in section 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. The exceptions to confidentiality include:
 - (1) I am required by law 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.
 - (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.
 - (4) I am required to report any suspected threat to national security to federal officials.
 - (5) I am required by law to report elder abuse or exploitation with "reasonable cause to believe" that an elder, 70 years of age or older, or to an at risk adult with an Intellectual or Developmental Disability (IDD) including institutional neglect, physical injury, financial exploitation, or unreasonable restraint.
 - (6) I may be required by court order to disclose treatment information.
- B. When I am concerned about a client's safety, it is my policy to request a Welfare Check through local law enforcement. In doing so, I may disclose to law enforcement officers information about the nature of my concerns. By signing below and agreeing to treatment with me, you consent to this practice, if it should be necessary.

- C. Within the context of couple or family therapy we have a “no secrets” policy, meaning that all members of the couple or family in treatment together are treated equally and secrets are not kept by your therapist within that specific therapeutic setting.
- D. In regard to client rights of confidentiality in counseling, the protections of the mental health statutes in Colorado exceed those of the Health Insurance Portability and Accountability Act (HIPAA). I am compliant with the mental health statutes and therefore also with the requirements of HIPAA.
- E. Under Colorado law, C.R.S. 14-10-123.8, 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.
- F. I agree not to record our sessions without your written consent; and you agree not to record a session or a conversation with me without my written consent.

4. Regarding Divorce and Custody Litigation

- A. 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 or my supervisor(s) 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.

5. Session Length, Fee Information, and Duration of Counseling

- A. Counseling sessions are 50 (50) minutes in length.
- B. Each client is expected to complete their account profile prior to the first session including payment information.
- C. The fees are \$125 per session and are paid at the time of the session. Sessions missed or cancelled with less than 24 hours’ notice will be charged the full fee for that session.
- D. The length of counseling you receive is dependent upon the goals agreed upon by you and myself and the ability to make progress toward those goals.
- E. I reserve the right to recommend termination of counseling or referral of a client to a higher level of care when appropriate to meeting counseling goals.

6. Client Record Retention Policy

- A. My records regarding treatment of adults will be kept for seven (7) years after treatment ends or following our last session, but I may not retain them after seven years. My records for treatment of minors will be kept for seven (7) years, commencing on the last date of treatment or for seven years from the date when the minor reaches 18 years of age, whichever comes later. In no event am I required to keep these records for longer than 12 years.

7. Client Participation

- A. As a client, the expectation is that you arrive promptly for your scheduled appointments. Please contact me if you are going to be late. Sessions end at the scheduled time, regardless of when started. I am obligated to wait only 15 minutes past the scheduled appointment time.

8. Emergency Procedures

- A. I do not provide 24-hour phone coverage. In case of emergency, contact the community mental health center for your county, or the closest hospital emergency room.
- Colorado Crisis Services 844-493-8255
 - Metro Crisis Services 888-885-1222
 - Adams County 303-835-3500
 - Arapahoe County 303-730-3303
 - City and County of Aurora 303-617-2400
 - Boulder County 303-447-1665
 - City and County of Denver 303-436-6266
 - Douglas County 303-730-3303
 - Jefferson County 303-425-0300
 - National Suicide Prevention Lifeline 800-273-TALK (8255)

9. Supervision

- A. As part of ongoing counselor training and quality of care, our sessions may be discussed during supervision sessions with a licensed mental health professional. By signing this Disclosure Statement, you authorize me to discuss your case in supervision.
- B. My supervision is provided by Gary Emery, LPC; Emery Counseling; 970-490-1309; gary@emerycounseling.com

10. Client's Acceptance of Disclosure

- A. If the client has no written language or is unable to read, an oral explanation shall accompany the written copy.
- B. Unless the client, parent, or guardian is unable to write, or refuses or objects, the client, parent, or guardian shall sign the disclosure form required by this section not later than the second visit with the psychotherapist.

Informed Consent:

I, _____, the client, having been fully informed of the risks and benefits of psychotherapy; the security measures in place, which include procedures for emergency situations and confidentiality; the fees associated with psychotherapy; and all other information provided in this informed consent, agree to abide by and understand the procedures and policies set forth in this consent; and, voluntarily and not under duress or coercion consent to engaging in psychotherapy with Jerry Hamill.

I understand that I may revoke this agreement at any time for any reason. Such revocation is not retroactive.

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

Client (or parent/guardian) #1 _____ **Date**_____

Client (or parent/guardian) #2 _____ **Date**_____

Counselor _____ **Date**_____

Consent for Treatment

1. Counselor Information:

Name: Jerry L Hamill MA, LPCC

Telephone number: 303-834-0872

This is a confidential voice mail box and the best way to reach me. Please leave a message with the best times and contact information so that I can call you back as soon as possible.

2. Supervisor Information:

Name: Gary Emery, MA, LPC

Telephone number: 970-490-1309

To insure quality of care, my work is supervised by a licensed professional counselor. Gary can be reached by leaving a voicemail at the number above.

3. Disclosure Statement

Refer to the complete Disclosure Statement provided at the time of intake for complete treatment information.

I have read the preceding information and I understand my rights as a client. I grant Jerry Hamill Consent for Treatment.

Client (or parent/guardian) #1 _____ **Date** _____

Client (or parent/guardian) #2 _____ **Date** _____

Counselor _____ **Date** _____