



DENVER SEMINARY
Shepherd's Gate Counseling Center

DISCLOSURE STATEMENT

Your counseling services are being provided by Denver Seminary students who are in counselor training. As a result, **we cannot offer services to anyone who is seeking court ordered counseling**. Please let your counselor know immediately if this is the case, so you can be provided with a referral.

1. CONTACT INFORMATION

Shepherd's Gate is a training clinic for Graduate Level students at Denver Seminary.

To ensure quality of care, every student's work is supervised by licensed professional counselors, psychologists and Denver Seminary program faculty. The Clinic Consultant is **Dr. Janelle Hallman** and can be reached at 303-762-6987. **Bethany Adams** is the Clinic Director of Shepherd's Gate and can be reached at (303) 357-5814 direct.

A full list of all supervisors who work at Shepherd's Gate can be found at the end of this form.

2. REGULATION OF PSYCHOTHERAPISTS

- a. The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Section of the Division of Registrations. The Board of Licensed Professional Counselors and The Board of Registered Psychotherapists Examiners can be contacted at 1560 Broadway, Suite #1350, Denver, Colorado, 80202; (303) 894-7768; <http://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, is not licensed or certified, and no degree, training or experience is required.
- c. As a graduate student in training in a mental health counseling program, your counselor at Shepherd's Gate does not fall under any of the above mentioned categories but is supervised by a professional under the regulation of the Mental Health boards of Colorado.

3. 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 duration of therapy, and the clinic's fee structure. Please ask if you would like to receive this information.
- b. You are entitled to seek a second opinion from another counselor or clinic or to terminate our therapy relationship 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.



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4. CONFIDENTIALITY & PRIVACY RIGHTS

- a. In general, 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 some exceptions to confidentiality, which include the following:
 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 has been abused or exploited or is at risk of imminent abuse or exploitation.
- b. In most cases, when treating a minor client (a child under age 18) confidentiality does not apply to communication with parent(s)/guardian(s) of that child client. The child's counselor can and will consult with the parent(s)/guardian(s) as necessary unless the child is emancipated. In most cases, the counselor will conduct periodic joint meetings between children/adolescents and their parent(s)/guardian(s) as part of the therapy process.
- c. When I am concerned about a client's safety, it is the Clinic's 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 become necessary.
- d. 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.
- e. 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). We are compliant with the requirements of the mental health statutes and therefore also with the requirements of HIPAA. We do not transmit client information or records electronically.

5. 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 this Disclosure Statement, you agree not to subpoena me or my supervisors 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.

6. SESSION LENGTH, FEE INFORMATION AND DURATION OF COUNSELING

- a. Counseling sessions are fifty (50) minutes in length and will always start at the top of the hour.
- b. The fees range from \$5.00 – \$25.00 per session, based on total household income. For sessions missed or cancelled with less than 12 hours' notice you will be charged the full fee for that session payable the following week.
- c. The counseling you receive is intended to be short-term and usually will not exceed 15 sessions.
- d. Your counselor and supervisor reserve the right to recommend termination of counseling or referral of a client for a higher level of care when appropriate.



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7. CLIENT PARTICIPATION

As a client of Shepherd's Gate, we expect that you will arrive promptly for your scheduled appointment. Please contact your counselor if you are going to be late. Sessions will end at the scheduled time, regardless of when started. Counselors are obligated to wait only 15 minutes past the scheduled appointment time. Two consecutive missed appointments may result in your counseling being discontinued.

Shepherd's Gate Counseling Center is a training and research facility. By signing this document, you give permission to Shepherd's Gate Counseling Center to use or disclose (release) your health information without revealing your identity for the purposes of clinical research that is regularly conducted. The health information that we may use or disclose for this research includes any information in your medical record that does not compromise your confidentiality. Only the minimal amount of information necessary for a specified research project will be disclosed. The health information disclosed may be disclosed to any researchers or research assistants approved by Shepherd's Gate Counseling Center and the Human Subjects Review Board of Denver Seminary. Denver Seminary is required by law to protect your health information.

8. EMERGENCY PROCEDURES

Shepherd's Gate does not provide 24-hour phone coverage. In case of emergency, contact the community health center for your county, or the closest hospital emergency room.

Adams County	303-853-3500 (24-hour crisis line)
Arapahoe County	303-730-3303 (24-hour crisis line, if not currently in treatment)
Aurora	303-617-2400
Boulder County	303-447-1665 (24-hour crisis line)
	303-413-6388 (24-hour crisis line for those under 18 years)
Denver County	303-436-6266 (24-hour crisis line)
Douglas County	303-730-3303 (24-hour crisis line, includes unincorporated Arapahoe)
Jefferson County	303-425-0300 (24-hour crisis line)
Colorado Crisis Services	1-844-493-8255 (24-hour crisis line)
Metro Crisis Services	1-888-885-1222 (24-hour crisis line)
National Suicide Prevention Lifeline	1-800-273-TALK (8255) (24-hour crisis line)

SUPERVISION

As part of counselor training and quality care, our sessions will be discussed in triadic and group supervision with licensed mental health professionals. Clinic staff will have access to your file for scheduling and administrative purposes only. Shepherd's Gate employs a number of counselors from the community for this purpose and they are listed below. In most cases, your care is reviewed by your counselor's triadic and group supervisors only – the triadic supervisor is listed at the top of this document and your counselor can provide the name of the group supervisor at your request. In addition, all sessions will be audio and video recorded for use in supervision. By signing this Disclosure Statement you authorize me to discuss your case in supervision. The following are supervisors affiliated with Shepherd's Gate Counseling Center.

- Bethany Adams, LPC
- Alex Avila, LPC
- Anna Carnes, LPC
- Elizabeth Dodrill, LPC
- Debbie Edwards, LPC
- Dr. Fred Gingrich
- Dr. Heather Gingrich
- Dr. Janelle Hallman, LPC
- Dr. Monte Hasz, PsyD
- Dr. Chris Hull, LPC
- Dr. Reggie Moore
- Clinton Nunnally, LPC
- Dr. Betsy Sbannotto
- Dr. Elisabeth Suarez
- Dr. Paula Tipton
- Lisa VanderGriend, LPC
- Dr. Ron Welch, LPC
- Adam Wilson, LPC



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

_____ Date: _____
Client (or parent/guardian) #1 Signature

_____ Date: _____
Client (or parent/guardian) #2 Signature

_____ Date: _____
Counselor's Signature