

Alexander D. Fuller MA, LPC

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720 352 3594

Disclosure Statement

Colorado State law requires that I provide you with a disclosure statement outlining my credentials as a therapist and your rights as a client. The following statement covers the points on which you should be informed according to Colorado Revised Statute (C.R.S.) 12-43-214. If you have any questions about the material contained in this statement or about any aspect of your work with me, please do not hesitate to ask.

General Information

Education

MA in transpersonal counseling psychology; Naropa University, 2005

Licensure

I am licensed as a professional counselor in the state of Colorado. (CO License #5880)

Training

I am trained in PACT Couple Therapy.

Client Rights and Important Information

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, certified school psychologists, and unlicensed psychotherapists. The specific agency with responsibility for licensed and unlicensed psychotherapists is the:

State Grievance Board - Department of Regulatory Agencies

1560 Broadway, Suite 1340

Denver CO 80202

303 894 7766

You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. You can seek a second opinion from another therapist or terminate with me at any time. In a professional relationship (such as ours), sexual intimacy between a therapist and client is never appropriate. If sexual intimacy occurs, it should be reported to the State Grievance Board.

Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a certified school psychologist, a licensed clinical social worker, a licensed marriage and family therapist, a licensed professional counselor, a licensed psychologist, or an unlicensed psychotherapist practicing under the supervision of a licensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.

When working with a minor, a summary of the child's progress will be provided to the parent(s) or guardian(s) upon request, but information provided during therapy by the minor is also protected by law.

Information disclosed during therapy to one of the professionals listed above 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.

There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (see section 12-43-218, C.R.S.). Among them is the fact that I am legally required to report child abuse and elder abuse, or to intercept a client I believe is a threat to self or others. Confidentiality would also not apply in situations in which a client places his or her mental status at issue in a legal action or where a client brings an action against his or her therapist. Confidentiality is waived if you sign a release of information form, giving the therapist permission to provide specified information to a particular individual or agency.

Outside of the situations described above, as a licensed professional counselor, information provided to me during the course of therapy is confidential.

The therapist provides non-emergency psychotherapeutic services by scheduled appointment. If the therapist believes your psychotherapeutic issues are above her level of competence or outside of her scope of practice, the therapist is legally required to refer, terminate, or consult. If, for any reason, you are unable to contact the therapist by telephone, and you are having a physical or mental health emergency, please dial 911 or go to your nearest emergency room.

My Clinical Approach and Fee Structure

My approach to therapy is informed by a variety of models and therapeutic philosophies. These include a humanistic, Jungian, psychodynamic, and client-centered orientation, using talk therapy, art therapy and play therapy, and sandtray therapy. I use a variety of methods and techniques drawn from mindfulness practice, attachment theory, and cognitive-behavioral approaches in working with individuals, couples, and groups. I also have training in approaches to working with trauma, including EMDR. Generally, my therapeutic approach involves looking at underlying issues with the aim of personal transformation and freer, more creative living. Length of therapy varies, depending on the nature of the problem and what the client wants from therapy. Some issues may be resolved within a few sessions, while deep level change often takes time.

No one can guarantee the outcome of therapy, and often how well therapy works depends on the fit between client, therapist, and therapeutic model. Please feel free to discuss with me at any time your goals for therapy and any thoughts you have about the work we are doing together. If at any point you would like to try another approach, please feel free to talk with me about this and I will be happy to provide appropriate referrals.

My fee is \$115 for individual sessions of 60-75 minutes. My fee is \$125 per hour for couple sessions, for which I often request a minimum of 2hr sessions. **I request a minimum of 24 hours notice of cancellation. The client is responsible for the fee of a cancelled session unless he or she provides notice of cancellation at least 24 hours before the scheduled session. In cases of genuine emergency, session fees will be waived by the therapist.** At this time, I do not accept insurance reimbursement. However, I do provide coded billing invoices which clients may submit to their respective insurance companies for possible reimbursement.

If at any point you have questions about any aspect of your therapy with me, please do not hesitate to ask.

Signature

I have received a copy of the preceding information and understand my rights as a client.

Client's
Name: _____ Date: _____

Client or Parent/Guardian
Signature: _____ Date: _____