

DISCLOSURE STATEMENT
Helene Trujillo, MSW, LCSW
609 West Littleton Blvd., Suite 307
Littleton, CO 80120
303-807-5766

MY QUALIFICATIONS

I am a Licensed Clinical Social Worker and hold a Master's level degree in Social Work through the University of Denver in Denver, CO. I am licensed in the state of Colorado.

I am certified in Trauma and Recovery. I am a qualified as an EMDR therapist through the Eye Movement Desensitization and Recovery International Association (EMDRIA).

THEORETICAL ORIENTATION

I embrace an integrative approach in my therapeutic orientation. Therapeutic models most often employed in the provision of my services include: Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization Reprocessing (EMDR), and Solution Focused Therapy.

CLIENT RIGHTS

The Colorado Department of Regulatory Agencies regulates the practice of Mental Health Practitioners including licensed social workers, licensed psychologists, licensed professional counselors, licensed marriage and family therapists, certified school psychologists, and unlicensed individuals who practice psychotherapy.

Client Rights and Important Information:

- a. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of therapy (if I can determine it), and my fee structure. 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 (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the State Grievance Board.
- d. 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.
- e. Information disclosed to a licensed clinical social worker, a licensed marriage and family therapist, a licensed professional counselor, or a licensed psychologist 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.
- f. There are legal exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (see section 12-43-218, C.R.S.). There are legal exceptions to the general rule of legal confidentiality. The exceptions include: intent to harm others or yourself; abuse or suspected abuse of children, the abuse of the elderly or others unable to care for themselves; neglect or suspected neglect of children; subpoenaed testimony in criminal court cases and orders to violate privilege by judges in child-custody, divorce and other court cases. Also, be aware that, except in the case of information given to a licensed psychologist, legal confidentiality does not apply in a criminal or delinquency proceeding. There are other exceptions that I will identify to you as the situations arise during therapy.
- g. I agree to pay **\$80.00** for a psychotherapy appointment unless a sliding scale fee has been agreed upon by Helene Trujillo, LCSW and the client. Psychotherapy is provided in a 50-minute clinical hour on a 60-minute clock hour.

THE CLIENT UNDERSTANDS THAT:

- a. I understand that Helene Trujillo will not (at the request of the client) testify in court as an expert witness, including: divorce, child custody, or criminal cases. I understand that Helene Trujillo will not release information to or communicate with another therapist (holding any scholastic degree), a child advocate, an attorney, or any other professional requiring confidential therapeutic information. This applies even if the client authorizes, with a written or verbal request, the release of Helene Trujillo’s confidential client files. I understand that my personal client file belongs to my therapist.
- b. If my therapist is subpoenaed by the Court, I understand that court testimony on my behalf is charged at a higher rate of **\$175.00** per hour including: testimony related matters like case research, report writing, travel, depositions, actual testimony and cross examination time and courtroom waiting time. Signing this disclosure statement gives permission for me to release confidential information in courtroom testimony and written reports to the Court if legally requested by the Court.
- c. I consent to evaluation and mental health treatment for myself. I am aware that care and treatment is not an exact science and acknowledge that no guarantees have been made to me as to the result of treatment.
- d. I understand that Helene Trujillo is not a “crisis” therapist. If I have a life threatening emergency, I will need to call Colorado Crisis Services Crisis Hotline 844-493-8255 or (911) or go to my nearest emergency room. I understand that if my therapist thinks I need more intensive services I will be referred a therapist or organization that has the ability to provide treatment to meet those needs.
- e. I understand my psychotherapist provides non-emergency psychotherapeutic services by scheduled appointment. If my psychotherapist believes my psychotherapeutic issues are above her level of competence, or outside of her scope of practice, she is legally required to refer, terminate, or consult.
- f. I understand that there may be times when my psychotherapist may need to consult with a colleague or another professional, like an attorney, about issues raised by me in therapy. My confidentiality is still protected during consultation by my psychotherapist and the professional consulted. Signing this disclosure statement gives my psychotherapist permission to consult as needed to provide professional services to me as a client.
- g. I understand that if I have any questions or would like additional information, I may ask during the initial session and any time during the psychotherapy process. By signing this disclosure statement I also give permission for the inclusion of my partners, spouses, significant others, parents, legal guardians, or other family members in psychotherapy when deemed necessary by my therapist or myself.
- i. I understand that I am legally responsible for payment for my psychotherapy services, if, for any reason, my insurance company, HMO, third-party payer, etc. does not compensate my therapist. I also understand that signing this form gives permission to my psychotherapist to communicate with my insurance company, HMO, third-party payer or anyone connected to my psychotherapy funding source.
- j. I understand that if I do not give 24 hours prior notice of cancellation to my psychotherapist I will be charged the full fee for not showing up for a scheduled psychotherapy appointment.
- k. I understand that, like any other professional service, I must pay for all psychotherapy services (psychotherapy in the office, telephone therapy, report writing, consultation, parental consultation, etc.) I receive as a client. If I do not pay for services received I understand I will be turned over to a collection agency to recover payment for my therapist. I also understand I must repay the full amount and any bank fees or other relevant costs to my therapist for bounced checks.

CLIENT SIGNATURE, ACKNOWLEDGEMENT, AGREEMENT, AND CONSENT

I have read the preceding information and understand my rights as a client. **By signing below I acknowledge my understanding and agree to all the terms discussed in this disclosure statement.** By signing this disclosure statement, I also agree to permit consultation and I provide release for my therapist to seek consultation with other psychotherapists or professionals as the need arises.

If you have any questions or would like additional information, please feel free to ask.

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

Client Signature

Date

Therapist Signature

Date