

EPIC COUNSELING DISCLOSURE STATEMENT

Tedd M. Taskey, MS, LMFT
Epic Counseling
51 West 84th Ave, #220
Denver, CO 80260
720-775-7746



Degrees: BA English / BA Psychology, Boston College
MS Counseling Psychology, University of Phoenix

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists outside the school setting, licensed or certified addiction counselors, and unlicensed individuals who practice psychotherapy.

The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the Department of Regulatory Agencies, Mental Health Section: 1560 Broadway, Suite 1350, Denver, Colorado 80202. 303-894-7766.

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 your 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. If, during the course of therapy, it is determined that your therapy would best be handled by another therapist, you will be notified and referred to another therapist.
- d. 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 Department of Regulatory Agencies, Mental Health Section.
- e. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addictions counselor, or an unlicensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's written consent.

Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addictions counselor, or unlicensed psychotherapist 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. There are exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S. There are exceptions that I will identify to you as the situations arise during therapy.

EXCEPTIONS: Duty to report

As your therapist, I have a legal and ethical obligation to report any threats of violence to self or others. This includes child abuse and neglect. I am also bound by ethical and legal requirements to warn others to whom your threats are directed.

If you disclose your involvement in an illegal relationship, I am bound to report this relationship to the proper authorities.

If summonsed to court and ordered to disclose confidential information without your consent, I reserve the right to disclose information in accordance with legal counsel.

Consultation clause (requires separate signature if you would like to grant consultation permission to therapist):

To provide you with the best care, it may be necessary to consult with your referring physician. This agreement permits a sharing of information, at your request and direction, between Tedd M. Taskey, LMFT and your physician or other healthcare provider(s), therapists, doctors, and coaches.

Printed Name

Signature

Date

FEES:

I agree to enter into therapy with Tedd M. Taskey, M.S. for an estimated _____ 55 minute sessions over the next _____ weeks at the rate of \$_____ per session.

I agree to provide 24 hour notice of cancellation by telephone and failure to do so will result in my obligation to pay for the session.

I understand that I have the right to end the therapeutic relationship at any time. I understand that my therapist may recommend more sessions to fulfill the therapeutic goals we set together, but I am not obligated to continue nor am I obligate to pay for any unused sessions if I provide 24 hour notice of cancelation by telephone.

DIVORCE AND CUSTODY LITIGATION:

If you are involved in divorce or custody litigation, my role as therapist is **not** to make recommendations to the court regarding custody or parenting issues. By signing this agreement, you agree not to subpoena me to court for testimony or for disclosure of treatment information and you agree not to request I write a report or letter to the court or your attorney to make recommendations concerning custody or provide opinions about your involvement in therapy.

If summonsed to court on your behalf, Tedd Taskey will be compensated twice (2) the agreed upon session fee for all court time, including court preparation, travel and other applicable court fees.

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/patient.

SIGNATURE

Client Printed Name

Date

Client Printed Name

Date

Client Signature

Date

Client Signature

Date

Therapist

Date