



LEGACY CENTER

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DISCLOSURE FORM

It is Legacy's practice to provide our clients the following information verbally and in writing during our initial session.

<p><u>Molly M. White, Ph.D., BCBA-D</u> B.S. in Psychology, Kansas State University, 2000 M.S. in Psychology, Oklahoma State University, 2002 Ph.D. in Clinical Psychology, Oklahoma State University, 2005 Internship: University of Tennessee Professional Psychology Internship Consortium (APA Accredited) Postdoctoral Fellowship: University of Tennessee Health Science, Center Boling Center for Developmental Disabilities (APPIC Listed) ABA Certification Program, UC Denver, 2012 Board Certified Behavior Analyst, BACB, 2012, #1-13-12783 Licensure: State of Colorado, Psychologist, 2007, #3115 Orientation & Method of Treatment: Applied Behavior Analysis, Cognitive Behavioral Therapy, Family Systems Therapy, and Developmental Theory</p>	<p><u>Keri A. Israelski, Psy.D., LLC</u> B.S. with majors in Psychology and Interpersonal Communication, Western Michigan University, 2004 M.A. in Clinical Psychology, The Chicago School of Professional Psychology, 2006 Psy.D. in Clinical Psychology, The Chicago School of Professional Psychology, 2009 Predoctoral and Postdoctoral Internship: Children's Behavioral Health Services, Edwardsville, PA Licensure: State of Colorado, Psychologist, 2011, #3575 Keri Israelski, Psy.D. is an independent contractor with Legacy Center Orientation and Method of Treatment: Cognitive Behavioral Therapy, Family Systems Therapy, Strength Based and Client-Centered approach</p>
<p><u>Kara Knox, LPC, BCBA</u> B.A. in Psychology, Westmont College, 2005 M.A. in Counseling, Colorado Christian University, 2011 ABA Certification Program, UC Denver, 2012 Licensed Professional Counselor, State of Colorado, 2012, #11358 Board Certified Behavior Analyst, BACB, 2012, #1-13-13197 Kara also works as a testing technician at Legacy Center and is under the supervision of Molly White, Ph.D., BCBA-D. Orientation & Method of Treatment: Applied Behavior Analysis and Cognitive Behavioral Therapy</p>	<p><u>Marikay White, LCSW</u> B.S. in Medical Technology, Kansas State University, 1969 Master of Social Work, University of Kansas, 1993 Licensure: State of Colorado, Licensed Clinical Social Worker, 1999, #992316 State of Kansas, Licensed Specialist Clinical Social Worker, 1995, #1693 Orientation & Method of Treatment: Cognitive Behavioral Therapy, Interpersonal Therapy, Family Systems, and Client-Centered Therapy</p>
<p><u>Jillian Diamond, Psy.D.</u> B.S., Human Development and Family Studies, University of Vermont, 2010 M.A. in Clinical Psychology, University of Denver, 2014 Psy.D., Clinical Psychology, University of Denver, 2017 Registered Psychotherapist, #0105730 Jillian is currently a post-doctoral fellow and is under the supervision of Molly White, Ph.D., BCBA-D and Keri A. Israelski, Psy.D. Orientation & Method of Treatment: Integrative Therapy, Cognitive Behavioral Therapy and Play Therapy.</p>	<p><u>Karalynn Royster, Psy.D.</u> B.S. in Family Social Science, University of Minnesota, 2008 M.A. in Forensic Psychology, University of Denver, 2012 Psy.D. in Clinical Psychology, University of Denver, 2016 Postgraduate Certificate in Infant, Early Childhood, & Family Mental Health, 2017 Licensure: State of Colorado, Psychologist, 2018, #4834 Orientation and Method of Treatment: Integrative, Cognitive Behavioral Therapy, Psychodynamic, Attachment, Family Systems, PCIT</p>
<p><u>Chelsea Weir</u> A.S. Concentration in Psychology, Bossier Parish Community College, 2012. Registered Psychotherapist, #0104932 Chelsea is currently a testing technician at Legacy Center and is under the supervision of Molly White, Ph.D., BCBA-D.</p>	<p><u>Rebecca Howard, Psy.D.</u> B.A. in Psychology, Ohio University, 2000 M.S. in Childhood Education, Hunter College, NYC, 2004 Psy.D. in Clinical Psychology, University of Denver, 2010 Licensure: State of Colorado, Psychologist, 2011, #3673 Dr. Howard is a consultant for Legacy Center providing consultation services on the Rorschach Test</p>

Client/Guardian Initials _____

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 practicing outside the school setting, and registered psychotherapists who practice psychotherapy.

Mental Health Professional Division	Address	Phone Number
Addiction Counselor Program	1560 Broadway Denver, CO 80202, Suite 1350	303-894-7800
Marriage & Family Therapists Examiners Board	1560 Broadway Denver, CO 80202, Suite 1350	303-894-7800
Professional Counselors Examiners Board	1560 Broadway Denver, CO 80202, Suite 1350	303-894-7800
Psychologist Examiners Board	1560 Broadway Denver, CO 80202, Suite 1350	303-894-7800
Social Work Examiners Board	1560 Broadway Denver, CO 80202, Suite 1350	303-894-7800
State Board of Registered Psychotherapists	1560 Broadway Denver, CO 80202, Suite 1350	303-894-7800

Mental Health Providers	The Regulatory Requirements Applicable to Mental Health Professionals
Licensed Clinical Social Worker	Must hold a masters degree in their profession and have 2 years of post-masters supervision
Licensed Marriage and Family Therapist	Must hold a masters degree in their profession and have 2 years of post-masters supervision
Licensed Professional Counselor	Must hold a masters degree in their profession and have 2 years of post-masters supervision
Licensed Social Worker	Must hold a masters degree in social work
Licensed Psychologist	Must hold a doctorate degree in psychology and have 1 year of post-doctoral supervision
Psychologist Candidate	Must hold the necessary licensing degree and be in the process of completing the required supervision for licensure
Marriage and Family Therapist Candidate	Must hold the necessary licensing degree and be in the process of completing the required supervision for licensure
Licensed Professional Counselor Candidate	Must hold the necessary licensing degree and be in the process of completing the required supervision for licensure
Certified Addition Counselor I (CAC I)	Must be a high school graduate and complete required training hours and 1,000 hours of supervised experience
Certified Additional Counselor II (CAC II)	Must complete additional required training hours of a CAC I and 2,000 hours of supervised experience
Certified Additional Counselor III (CAC III)	Must hold a bachelors degree in behavioral health and complete additional required training hours and 2,000 hours of supervised experience
Licensed Addition Counselor	Must hold a clinical masters degree and meet the CAC III requirements
Registered Psychotherapist	Registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required

Client’s Rights and Important Information:

1. 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.
 Legacy’s fees for services are outlined as follows:
 The expectation is that payment is due when services are rendered, unless you make arrangements for payment and we both agree to such an arrangement. All accounts that are not paid within 30 days from the date of services shall be considered past due. In the rare event that there is a balance in 30 days, any unpaid balance will be charged a \$20 late fee charge a month. In the event that an account is overdue by 90 days or more, Legacy may be obligated to turn past due accounts to a collection agency or seek collection with a civil court action. Should this occur, Legacy will provide the collection agency or Court with your Name, Address, Phone Number, and any other directory information, including dates of services or any other information requested by the collection agency or Court deems necessary to collect the past due account. Should conditions of non-payment persist, I understand that Legacy may discontinue treatment.
2. Please let me know if you have any questions about my methods, techniques, or duration of therapy or my fee structure.
3. You can seek a second opinion from another therapist or terminate therapy at any time.
4. In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. It is a crime as well as a regulatory wrong in Colorado. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section at 1560 Broadway, Suite 1560, Denver, Colorado 80202, (303) 894-7800 and/or your local law enforcement agency.
5. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a of licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed school psychologist, or registered psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client’s consent. Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed school psychologist, or registered psychotherapist is privileged communication and cannot be disclosed 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 (C.R.S. 12-43-218) and in the Notice of Privacy Rights you were provided. 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 other exceptions that I will identify to you as the situations arise during therapy.

- a. An important consideration is my obligation, by law and ethical standards, to report any suspicion of the occurrence of child abuse or neglect immediately to the proper authorities. Similar obligations exist in the area of suspected elder abuse.

Client/Guardian Initials _____

- b. You should also be aware that if you should communicate any information involving a threat to yourself or to others, I may be required to take immediate action to protect you or others from these threats. Additionally, I am
 - c. obligated to inform both the person who is threatened and the authorities, should I be informed of intended harm to someone. Should I believe that there is a danger of harm to self or others, it is my obligation to make that information known.
 - d. Additionally, it is my obligation to comply with any court directions, including subpoenas, whereby I am ordered by the court to disclose information. In most situations, we will have had the opportunity to process this eventuality together prior to any court appearance.
 - e. Legacy may be obligated to turn past due accounts to a contracted collection agency or seek collection with a civil court action. Should this occur, Legacy will provide the collection agency or Court with your Name, Address, Phone Number, and any other directory information, including dates of services or any other information requested by the collection agency or Court deems necessary to collect the past due account.
 - f. When providing services to children and adolescents, it is important that parents/caregivers understand that some information will be held confidential. It is equally important that the child or adolescent understand that knowledge by this therapist of potentially dangerous behaviors be shared with the parent(s)/caregiver(s). Whenever possible, such disclosure will be processed first with the child or adolescent.
6. Should you discontinue therapy for more than 60 days, your treatment will be considered “terminated.” You may resume therapy anytime after the 60 day period. This disclosure statement will remain in effect should you resume therapy and you may be asked to provide additional information to update your client records.

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

By signing below, you are indicating that you have been provided this information verbally and have read the preceding information and that you understand your rights as a client or as the client’s responsible party.

Signature_____ Printed Name_____ Date _____
 Client’s Signature (15 years or older)

Signature_____ Printed Name_____ Date _____
 Signature of Parent, Guardian or Personal Representative (if patient under 15)

Signature_____ Date _____
 Therapist’s Signature, Legacy Comprehensive Counseling & Consulting