

# EARLY CHILDHOOD *Wellness place*

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(303)460-3881; [www.earlychildhoodwellnessplace.com](http://www.earlychildhoodwellnessplace.com)

## DISCLOSURE STATEMENT

Welcome to our practice. I appreciate you giving us the opportunity to be of help to you. Our goal is for us to work together as a team and I hope this information will begin to answer any questions you may have about our work together. We are always happy to discuss any of these points further.

### **About Psychotherapy with: Julia Morrison, MSW Intern**

*As you will be putting a good deal of time, money, and energy into therapy, it's a good idea to choose a therapist carefully. Let me tell you a little bit about myself so you can decide if you think I will be a good fit for the therapist you are looking for!*

I am currently completing my Master of Social Work degree at the University of Denver with a concentration in Children and Youth: Positive Risks and Development. I have extensive experience working with young children and families, and spent the last year working with children involved in the child welfare system. As an intern therapist at Early Childhood Wellness Place, I am supervised by Blair Skinner, LMFT.

As a children's therapist, I am dedicated to prioritizing individual well-being while collaborating with caregivers to deliver effective, well-rounded care to your child. When we begin to work together, you can expect that I will be communicative and transparent with our treatment goals and progress.

**Depending on the presenting issues of you, your child, or your family, treatment modalities will likely include non-directive play therapy, mindfulness-based therapy, skill building, and consultation. Following is a brief discussion of each of these modalities:**

- **Non-directive individual play therapy** typically involves individual play sessions, which are both child-centered and child-directed. Children play on a daily basis in order to develop new skills, learn how to impact their environment, learn important social skills, and build relationships. Play therapy differs from everyday play in that it is conducted in a controlled environment (the play therapy room) with a therapist who is able to guide children in their play to work toward therapeutic goals. Adults will address therapy goals typically through some form of "talk therapy." Children are often unable to talk about their feelings and experiences in the same way; they are, however, experts in play. So in non-directive play therapy, children will "play" their experiences and feelings. For example, an adult may need to talk through a traumatic event several times before reaching a new understanding or new sense of mastery over that experience. In play therapy, a child may re-enact a traumatic event symbolically through play several times before they eventually become the "hero" of their own story.
- **Mindfulness-based therapy** consists of integrating mindfulness practices to calm the body and disrupt negative thought patterns. This includes breathing exercises, mindful listening, guided meditation exercises, and present moment awareness.
- **Skill building** is often included during play sessions to increase skills such as anger management, social skills, appropriate expression of feelings and others.
- **Consultation** is often an important part of treating young children. As needed, and with the proper release of information, I will consult with other professionals, teachers and child care providers in order to provide effective treatment.

I believe that healing ultimately occurs not because of any strategy or technique, but through the therapeutic relationship itself. As individuals and families have a new experience of being heard, understood and respected by a therapist, they learn to trust their own sight, and intuition, and have a greater respect for their own experiences.

I expect us to work together in determining the needs of your child and your family, and together we will set goals and work toward meeting those goals. Because children and families are all different and experience healing at different rates, it is difficult to

determine a typical length of treatment. However, it is my experience that treatment can last anywhere from a few months to more than a year. We will continue to assess progress toward goals and ongoing relevance of these goals, and determine how long therapy needs to last. Typically when we determine that treatment is nearly complete, we will conduct 2-3 sessions to provide the child with a positive end to therapy. You have the right to seek a second opinion from another therapist or terminate therapy at any time.

## The Benefits and Risks of Therapy

As with any powerful treatment, there are some risks as well as benefits with therapy. There is a risk that clients will, for a time, have uncomfortable feelings. In children, these uncomfortable feelings can lead to disruptive behaviors. Sometimes, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work for you.

While you consider these risks, you should know that many research studies have shown the benefits of therapy. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. Especially after the initial phases of treatment, children's behaviors tend to improve and other symptoms including nightmares, poor sleep or aggression tend to decrease. In therapy, people have a chance to talk (or play) things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve greatly.

## Consultations

There may be times when your primary therapist may need to consult with a colleague or another professional such as an attorney or supervisor, about issues raised by you in therapy. Your confidentiality is still protected during consultation by your primary therapist and the professional consulted. Only the minimum amount of information necessary to consult will be disclosed. Signing this disclosure statement gives your primary therapist permission to consult as needed to provide professional services to you as a client. You will need to sign a separate Authorization for release of information for any discussion or disclosure of your protected health information to another professional besides an attorney retained by your primary therapist.

## About Confidentiality

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a "release-of-information" form before I can talk about you or send my records about you to anyone else. Generally speaking, 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 several exceptions to confidentiality which include:

1. I am required 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; and
5. I may be required by Court Order to disclose treatment information.
6. When I am concerned about a client's safety, it is my policy to request a Welfare Check through local law enforcement. In doing so, I may disclose to law enforcement officers information concerning my concerns. **By signing this Disclosure Statement and agreeing to treatment with me, you consent to this practice, if it should become necessary.**

**When parents are divorced, Colorado law allows any parent who has been assigned parental responsibilities access to medical records. Therefore, in compliance with C.R.S. §14-10-123.8, you authorize me to provide access to treatment information to such an individual by authorizing me to provide services to a child in your custody.** Under Colorado law, C.R.S. § 14-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, in compliance with Colorado law and HIPAA Standards.

I will maintain client records for seven years from the date of termination of services, or the last date of contact with the client, whichever comes later. However, if a client is a minor, I maintain records for seven years from the last date of treatment, or when the child reaches 18, whichever comes later. However, records are not maintained beyond twelve years.

I will not agree not to record our sessions without your written consent; and you agree not to tape or record a session or conversation with me without my written consent.

Although confidentiality extends to communications by text, email, telephone and/or other electronic means, I cannot guarantee that those communications will be kept confidential and/or that a third party may not access communications. Even though I utilize current encryption technology, methods, firewalls, and back-up systems to help secure communications, there is a risk that the electronic or telephone communications may be compromised, unsecured, and/or accessed by a third party. It is very important to be aware that email and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. Emails and text, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all emails that go through them. Faxes can easily be sent erroneously to the wrong address. Please limit communication by text or email to administrative purposes only and do not use them as an avenue for therapy. NEVER use Email or text for emergencies. Please note the business numbers for all of the therapists and phone numbers.

## About Our Appointments

We will usually meet for 45-minute sessions once a week and may decrease frequency as needed. An appointment is a commitment to our work. A canceled appointment delays our work. I will consider our meetings very important and ask you to do the same. Please try not to miss sessions if you can possibly help it. However, I also ask that if your child is too sick to go to school that you keep him or her home in order to prevent the spread of illness to myself or other clients. I understand that emergencies occasionally prevent you from attending therapy sessions or providing 24-hour notice. **However there will be a fee charged to your account for missed appointments which will be billed directly to you.**

At ECWP, we provide non-emergency psychotherapy services by scheduled appointment. I cannot promise that I will be available at all times. Please leave a message on my confidential voicemail, and I will return your call as soon as I can. Generally, I will return messages within 24 hours Monday-Friday with the exception of holidays. If you or your child is experiencing a mental health emergency, please leave information on my voice mail including the nature of the emergency, any safety plan you have initiated and how to contact you. Please use your best judgment in keeping yourself and your child safe. **If necessary, call 911 or go to the nearest emergency room or call Colorado's Crisis Hotline (844) 493-8255.**

## Disclosure 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. Any statement I might make could be seen as biased in your favor because we have a therapy relationship; and, any testimony might affect our therapy, and I must put this relationship first. By signing this Disclosure Statement, you agree not to subpoena me 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 to make recommendations to the court concerning parental responsibilities or parenting time in the best interest of the family's children.

## Regulation of Psychotherapists

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The regulatory board can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303)894-7800. The regulatory requirements for mental health professionals provide that a licensed clinical social worker (LCSW), a licensed marriage and family therapist (LMFT), a licensed play counselor (LPC) must hold at least a Masters or Doctorate degree in their profession.

- A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post doctoral supervision.
- A Licensed Marriage and Family Therapist must hold a Masters or Doctorate degree in marriage and family therapy and must have had at least two years of post Master's practice or one year of post Doctoral practice in individual, couple, family therapy, including at least 1500 hours of face to face direct client contact as determined by the board.
- A Licensed Social Worker must hold a Masters Degree in social work.
- A Licensed Clinical Social Worker must have practiced social work for at least 2 yrs under the supervision of a licensed clinical social worker or other person with equivalent experience as determined by the board.
- A Licensed Professional Counselor must have at least 2yrs of post Masters Practice or 1 yr post Doctoral Practice in licensed professional counseling under clinical supervision and must have at least 2000 hours of practice in counseling, including 1500 hours of face to face direct client contact under clinician supervision.
- A Psychologist Candidate, a Marriage and Family Therapist Candidate, a Clinical Social Worker Candidate, an Addiction Counselor Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision of licensure.



- A Licensed Addiction Counselor (LAC) must have completed a Masters or Doctoral degree in the behavioral health sciences from an accredited school, college or university. A LAC must have completed 3,000 hours of supervised practice and a full time worker must have at least two supervision hours per month.
- A Certified Addiction Counselor (CAC) must have met the requirements for certification as a certified addiction technician or a certified addiction specialist.
  - A Certified Addiction Technician (CAT) must have a high school diploma or its equivalent and must have accrued at least 1,000 hours of supervised clinical experience hours over a minimum of 6 months.
  - A Certified Addiction Specialist (CAS) must have a bachelor's degree in a behavioral health concentration or human services equivalent and must have accrued at least 3,000 hours of supervised clinical work hours over a minimum of 18 months.

**Statement of Principles and Complaint Procedures**

It is my intention to fully abide by all the rules of the American Association of Marriage and Family Therapists (AAMFT) and by those of my state license. *Colorado law § 12.43.214 (1) (d) requires that I inform you that in a professional relationship such as ours, sexual intimacy is never appropriate and should be reported to the state grievance board.* If there are any other concerns or complaints about the services provided, please inform the Mental Health Grievance Board.

In my practice as a therapist, I do not discriminate against clients because of any of these factors: age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

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 board of licenses, certified or registered therapists.

**Our Agreement**

I have read the preceding information and it has been presented to me verbally. I understand my rights as a client or the parent/legal guardian of a client. By signing below, I acknowledge my understanding of all the terms discussed in this disclosure statement. I also affirm, by signing this form, that I am the parent or the legal guardian and/or custodial parent with legal right to consent to treatment for any minor child or children for whom I am requesting psychotherapy services. I also affirm, by signing this form, that, if applicable, I have read and understood the No Surprises Act Notice Form that was provided to me and verbally explained to me, and I understand that I have a right to request a Good Faith Estimate at any time from the provider.

\_\_\_\_\_ I have received a copy of the **NOTICE OF PRIVACY RIGHTS**.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature of Minor (if 12 yrs or older): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of therapist: \_\_\_\_\_ Date: \_\_\_\_\_