

Disclosure Statement

Kaitlin Jones, LMFT
2625 Redwing Road, Suite 175
Fort Collins, CO 80526
(970) 613-1315

Welcome! I am looking forward to working with you and getting to know you throughout the therapeutic process. As an individual(s) receiving services from me, I want you to know about the rights you have to the following information:

Qualifications and Regulatory Requirements

I am currently a Licensed Marriage and Family Therapist in the state of Colorado (License #1378) and I am also a member of the American Association for Marriage and Family Therapy. I received my bachelor's degree in Human Development and Family Studies at Colorado State University in 2012 and received my master's degree in Human Development and Family Studies with a specialization in Marriage and Family Therapy from Colorado State University in 2014. I am a Level 1 Internal Family Systems therapist, EMDR therapist, as well as a Gottman Level 1 couples therapist. I have additional specialized training in Mindfulness-Based Stress Reduction and Motivational Interviewing. I use these research-based therapeutic practices, along with others, to help clients reach their goals and support them through the challenges they may be facing. In addition, I have experience teaching collegiate undergraduate courses at Front Range Community College as well as experience in a supervisor role for graduate students in the Marriage and Family Therapy program at Colorado State University.

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 boards 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, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-master's supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Clinical Social Worker must hold a master's degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1,000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, and is not licensed or certified.

Your Rights as a Therapy Consumer

- a) You have the right to receive information concerning the methods of therapy employed, the techniques used, the duration of therapy (if known), and the fee structure for services provided.
- b) You have the right to seek a second opinion from another therapist and may terminate therapy at any point in time without any moral, legal, or financial obligation other than those already accrued. If wanted and/or necessary, I will provide you with the names of other qualified professionals whose services you might prefer.
- c) You have the right to know that, in a professional relationship, sexual intimacy between a therapist and client is never appropriate. If sexual intimacy of any kind occurs, it should be immediately reported to the State Grievance Board.
- d) You have the right not to be discriminated against due to race or ethnicity, sex or gender, age, religion, education, ability, sexual orientation, or socioeconomic status.

- e) You have a right to make a complaint or grievance at any time without retaliation.
- f) If you request documentation regarding your treatment, I will provide you with a treatment summary in compliance with Colorado law and AAMFT ethical standards.

Confidentiality

In general, all material discussed during the sessions is legally confidential to persons or agencies outside of therapy. Your records are protected and cannot be disclosed without your written consent. *However, there are several instances for which your therapist is legally bound to reveal information obtained during therapy to other persons or agencies without your permission. These situations are:*

- a) *If I believe that you are in imminent danger to yourself or others. I am required to report any threat of imminent physical harm by a client to law enforcement as well as to the person(s) being threatened. I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or other, or who is gravely disabled as a result of a mental disorder. 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.*
- b) *If I suspect abused or neglect of any children (past or present) or elders. I am required to report this to law enforcement or child protection (This includes my obligation to report suspected methamphetamine labs when children may be in the vicinity).*
- c) *If I suspect you know about or pose a threat to national security or federal officials.*
- d) *If I am required by Court Order to disclose treatment information.*

No Secrets Policy

It is important to know that I hold to a 'no secrets' policy in couple/family therapy. In the event that I receive information from one member of a couple/family that is deemed necessary to share with others in the couple/family, I will attempt to have members of a couple/family provide this type of information themselves with my support. Safety is always my first priority such that secrets that would likely put someone at risk of harm will not be shared.

Treatment of Minors

When working with minors under the age of 15, I must receive consent from both parents or caregivers with parental decision-making rights in order to begin treatment of the minor. If a minor is the sole identified client, any information disclosed in session by the parent(s) is not considered confidential. Additionally, if a parent *without* parental decision-making rights requests information regarding the treatment of his or her child, law requires me to provide him or her with a treatment summary.

Court Testimony

Clients often request that therapists testify in court proceedings, particularly in divorce and custody litigation. However, having a therapist testify carries numerous risks including:

- 1) Damage to the therapeutic relationship, especially that between a therapist and child.
- 2) Testimony regarding personal and confidential therapeutic content becomes part of the public record that can be accessed by anyone.
- 3) When a child is the primary client, any communications between the therapist and parent(s) or caregiver(s) are not protected as confidential information.
- 4) Once subpoenaed, a therapist who does not have written consent to testify (e.g., from both parents) can still be ordered by a judge or magistrate to testify.

- 5) Once a therapist is brought into legal proceedings, a judge or magistrate can order that the entire therapeutic file (including all case notes and communications) be turned over and thereby placed into the public record.
- 6) Therapists are limited in their scope of testimony and are legally prohibited to make any recommendations regarding child custody or parenting issues.

By signing this disclosure statement, you agree NOT to subpoena me to court for testimony or for disclosure of treatment information in litigation. You also agree NOT to request that I write any reports to the court or your attorney, or to request that I make any recommendations concerning custody or parenting time.

Recording Sessions

There are times when therapists may record sessions for teaching or training purposes, but I will never record our sessions or phone conversations without your express written consent. It is never appropriate to record sessions or conversations with me for gains or evidence in legal proceedings. By signing this disclosure statement, you agree that you will not record any sessions or communications with me without my written consent.

Electronic and Phone Communication

Although I do use a limited amount of electronic communication in my practice, I reserve email and text messaging correspondence for scheduling purposes only. Electronic communication is not a secure method of communication and does not ensure protection of your confidentiality. Additionally, it is considered unethical to conduct therapy over text, email or in some cases, video conferencing. Therefore, by signing this document, you assume the risks of sending any unsecured information should you choose to do so. Please note that I check messages (both electronic and phone) Monday through Friday during normal business hours and will return messages only during those times. My contact information is not to be utilized for emergencies, thus, if you have an emergency please call 911 or go to your nearest emergency room. You may also call Colorado Crisis Services: (970) 494-4200 or go to the walk-in clinic located at 1217 Riverside Avenue in Fort Collins. When I am on vacation or out of the office, my voicemail and email will have the contact information for another therapist(s) who will cover my cases for my current clients who may need to speak with a therapist while I am gone.

Professional Consultation and Supervision

The highest standard of practice for mental health professionals is to receive consultation/supervision from their colleagues and/or a supervisor in order to maintain the highest quality of services. I participate in several consultation/supervision groups on a regular basis. Some regular members of my consultation groups include Brook Bretthauer, Lauren Lessner, Abbey Schneider, Lori Lund, and Kyle Douglas. If you are interested, I can provide you a list of the other therapists who participate in any groups I may attend. In these groups, we avoid giving identifying information and the therapists are bound by strict confidentiality laws. If you are interested, I will provide you a list of names of the other therapists who participate in these groups. If you know any of these therapists personally, professionally, or otherwise, I will not be discussing your case with them in any manner. By signing this document, you are agreeing to the release information regarding your treatment to my supervisors, and agreeing to the supervision and consultation practices listed above.

Other Important Information

- a) It is important for you to know that if you are the parent or guardian of a child(ren) and if the child(ren) is/are left unsupervised in general or while we are in session, you are responsible for any accidents or injuries that may occur. Also, if your child and I do an outside session or I drive your child during the session, you are responsible for any accidents or injuries that may happen to your child.
- b) In order to keep our relationship professional, please do not give me any gifts, however small they may seem to be.

Informed Consent for Treatment

I have received a copy of this disclosure, read and understand its contents, agree to the policies and procedures listed above, and authorize Kaitlin Jones, LMFT to provide treatment. If the client is a minor child, I certify that I have the legal authority to give this permission and will provide the legal documents that demonstrate my authority. I hereby consent for treatment of the following client(s):

Client Name (please print)

Client Signature (if necessary)

Date

Client Name (please print)

Client Signature (if necessary)

Date

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Therapist

Date