

Mandatory Disclosure Statement

Except in emergency situations or where psychotherapy is being administered pursuant to a court order, every licensed and unlicensed psychotherapist shall provide the following information in writing to each client during the initial contact:

The therapy I receive will be conducted by Richard Archer, LCSW with Principle Skills Relationship Center, LLC.

Business Address: 7710 N. Union Blvd, Suite 202

Colorado Springs, CO 80918

719-494-7412

www.principleskills.com

richard@principleskills.com

Richard Archer, LCSW has the following degrees, credentials, trainings, and certifications:

- Master's degree in Social Work from the University of Kansas
- Master's degree in Counseling from the University of Michigan
- Bachelor's degree in Psychology from Merrimack College in North Andover, MA
- Training in EMDR and MBSR for individuals and couples treatment along with trauma focused CBT.

Fees:

Individual and Family therapy \$130.00 for 50-minute session

Initial Assessment (individuals/families) - \$195.00 for 80-minute session

Initial Couple/Marital Assessment - \$245.00 for 80-minute session

Couple/Marital Therapy - \$195.00 for 80-minute session

**Your portion of payment is to be paid in full at the beginning of each session; fees are subject to change.

I have been informed of the fee and payment arrangements. I agree to assume responsibility for that portion of the payment for which I am legally liable.

I am responsible for the full fee if my appointment is not cancelled at least 24 hours in advance. If I arrive late or do not show, I am responsible to pay for the full session.

I understand that I can seek a second opinion from another therapist and/or terminate my treatment at any time.

Consultation and disclosures during the sessions between therapist and client are held in strict confidence, with the protection of the law, but also subject to it Clients have a right to ask about the protection of case records. Exceptions to confidentiality include when a client presents a physical danger to self or another or when child/elder abuse or neglect (including physical punishment, verbal abuse, sexual abuse, child pornography, denial of basic needs, etc.) is suspected. Mental health professionals are required by law to inform potential victims and legal authorities so that protective measures can be taken.

CRS 12-43-214(1)(d) Privileged Communications – The information provided a client during therapy sessions is legally confidential, except as provided in section 12-43-218, and except for certain legal

exceptions which will be identified by the therapist, should any such situation arise during therapy. Examples would be the mandatory reporting of child abuse, or where there may be harm to the client or others. You should be aware that in the case of a board complaint, it is likely that your file will be subpoenaed and reviewed by the board and its attorneys.

Therapists are ethically required to consult with other mental health providers, when necessary, to ensure competence in treatment. I further understand that any requests for obtaining medical or mental health information from others or releasing such information to others will be done only with my written consent. I have the ability to withdraw this consent at any time recognizing that I cannot undo any action taken prior to withdrawal.

I understand that therapy will utilize verbal psycho-therapeutic techniques, body awareness and regulation techniques, bilateral stimulation techniques (eye movement, handheld devices, tapping) to help me in growing as an individual, a partner within a relationship and/or as a member of a family or social group. I understand I am able to request information about the methods of therapy and techniques used, including duration of the therapy and fee structure.

CRS 12-43-214(1)(d) provides the following: A client is entitled to receive information about the methods of therapy, the techniques used, the duration of therapy (if known), and the fee structure. A client may seek a second opinion from another therapist or may terminate therapy at any time. In a professional relationship, sexual intimacy is always inappropriate and should be reported to the grievance board.

* I have been informed of my therapist's degrees, credentials and licenses. I have read the preceding information and understand my rights as a client and also acknowledge that I have satisfied myself as to concerns or any questions relating to this disclosure form before signing below. I agree to them freely and without reservation.

Print Client Name: _____

Client Signature: _____ Date: _____

Print Client Name: _____

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____