

Principle Skills Relationship Center

7710 N. Union Blvd, Suite 202, Colorado Springs, CO 80920
719-494-7412; kara@principleskills.com
www.principleskills.com

Mandatory Disclosure Form

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 **Kara Facundo, BS, LPC** with Principle Skills Relationship Center, LLC.

Business Address: 7710 N. Union Blvd, Suite 202, Colorado Springs, CO 80918
719-494-7412; www.principleskills.com; Kara@principleskills.com

Kara Facundo has the following degrees, credentials and certifications:

Degrees: BS Psychology – Brigham Young University, 2000
MS Clinical Mental Health Counseling Candidate – Capella University Dec 2021

Certifications: Gottman Trained level 1, 2, and 3

Fees: Initial Assessment (individuals/families) - \$210.00 for 75 minute session. Individual and Family therapy \$140 for 50 minute session
Initial Couple/Marital Assessment - \$350.00 for 75 minute session
Couple/Marital Therapy - \$210.00 for 75 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 canceled at least 48 business 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 psychotherapeutic techniques, body awareness and regulation techniques, bilateral stimulation techniques (eye movement, hand held 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 understand that in this office, no nudity, no physical examination, nor any overt sexual behavior will be involved in the assessment and treatment of my sexual concerns. **Sexual intimacy is never permitted between therapist and client in any respect.** Further, clients will not be expected to engage in sexual activities at one that are against my moral or religious convictions, and clients maintain the right to ask about the therapeutic purpose of any homework assignment given.

Kara Facundo is not a physician and cannot, therefore, prescribe medication.

I understand that upon my request of assistance with a sexual concern, professionally recognized procedures for the treatment of sexual dysfunction will be utilized. When clinically appropriate and with my consent, this treatment may involve the use of educational audiovisual materials, recommendations for reading, behavioral homework tasks and other awareness and/or relaxation assignments.

I understand that a therapist is a "consultant" and a resource professional only and that interventions and recommendations offered may be freely accepted or rejected. Therefore, decision made during and after counseling are the responsibility of the client, couple and/or the family.

CRS 12-43-2 14 (1)(c) provides that the practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Department of Regulatory Agencies (DORA). Questions or complaints may be addressed to: **State of Colorado Department of Regulatory Agencies; State Grievance Board; 1560 Broadway, Suite 1340; Denver, CO 80202 | 303-894-1766 | 303-894-7800.**

Regulatory requirements applicable to mental health professionals are as follows:

1. A registered Psychotherapist is a psychotherapist listed in the State's data base and is authorized by law to practice psychotherapy in CO, but is NOT LICENSED by the State and is NOT required to satisfy any standardized educational or testing requirements to obtain a registration by the State.
2. A Psychologist Candidate, A Marriage and Family Therapist Candidate, and a Licensed Professional Counselor must hold the necessary licensing degree (master's) and be in the process of completing the required supervision for licensure.
3. A licensed Marriage and Family Therapist must hold a master's or doctoral degree in marriage and family counseling, have at least 2 years post-master's or one year postdoctoral practice, and pass an exam in marriage and family therapy.
4. A licensed Professional Counselor must hold a master's or doctoral degree in professional counseling, have at least 2 years post-master's or one year post-doctoral practice and pass an exam in professional counseling.
5. A Licensed Social Worker must hold a master's or doctoral degree from a graduate school of social work, and pass an examination in social work.
6. A Licensed Clinical Social Worker must hold a master's degree or a doctoral degree from a graduate school of social work, practiced as a social worker for at least 2 years and pass an examination of social work.

7. A Licensed Psychologist must hold a doctorate degree in psychology, have one year of post doctoral supervision and pass an examination in psychology.

8. A Certified Addiction Counselor I (CAC I) must be a high school graduate or equivalent, complete required training hours and 1,000 hours of supervised experience.

9. A Certified Addiction Counselor II (CAC II) must be a high school graduate or equivalent, complete required training hours, 2,000 hours of supervised experience and pass a national exam.

10. A Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete CAC II requirements and complete additional required training hours, 2,000 additional hours of supervised experience and pass a national Exam.

11. A Licensed Addiction Counselor (LAC) must have a clinical master's degree, meet the CAC III requirements, and pass a national exam.

* 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.

Client signature (s)_____

Date_____