

## **DISCLOSURE STATEMENT**

Mary Ann Van Buskirk, M.A., M.Div., LPC  
4155 E. Jewell Ave. Suite 1100, Denver, CO 80222 303-692-8006

### My degrees, credentials, and licenses are as follows:

M.A. in Pastoral Ministry with an emphasis in Pastoral Care, Summa Cum Laude,  
St. Thomas Theological Seminary, 1989  
M.Div. in Pastoral Counseling, St. Thomas Theological Seminary, 1991  
Fellow, American Association of Pastoral Counselors  
Licensed Professional Counselor (#527), Colorado, Since 1992, Current  
Licensed Marriage and Family Therapist (#1076), South Dakota, 1996, Current  
Clinical Member, American Association of Marriage and Family Therapists  
Member, American Association of Christian Counselors  
Diplomat, the College of Pastoral Supervision and Psychotherapy

The Colorado Department of Regulatory Agencies (DORA), has the general responsibility of regulating the practice of licensed psychologists, licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, certified school psychologists, and unlicensed individuals who practice psychotherapy. The agency within the Department that has the responsibility specifically for licensed and unlicensed psychotherapists is the Mental Health Section, 1560 Broadway, Suite #1370, Denver, Colorado 80202, (303) 894-7766.

### Client Rights and Important Information:

- a. I am entitled to receive information from Mary Ann Van Buskirk about her methods of therapy, the techniques used, the duration of my therapy (if it can be determined) and the fee structure. I can ask if I would like to receive this information from her.
- b. I can seek a second opinion from another therapist or terminate therapy at any time.
- c. 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 DORA at (303) 894-7766.
- d. Generally speaking, the information provided by and to me during therapy sessions is legally confidential if the therapist is licensed. If the information is legally confidential, Mary Ann Van Buskirk cannot be forced to disclose the information without my consent. Information disclosed by me is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado 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. I am aware that legal confidentiality does not apply in a criminal or delinquency proceeding. There are other exceptions which include: (1) Suspected child abuse or neglect is required to be reported to the law enforcement agency; (2) Information received from a client concerning a serious threat to harm others of self, that person must be informed of the threat, and also notify law enforcement authorities; (3) A mental health evaluation must be initiated of a client who is dangerous to self or others, or who is gravely disabled, as a result of a mental disorder; and (4) Suspected threat to national security to federal officials must be reported.
- e. I understand that there may be times when my psychotherapist may need to consult with a colleague or another professional, like an attorney, about issues raised by me in therapy. My confidentiality is still protected during consultation by my psychotherapist and the professional consulted. Signing the disclosure statement gives my psychotherapist permission to consult as needed to provide professional services to me as a client.

- f. I understand that in marriage and family counseling, Mary Ann Van Buskirk holds a “NO SECRETS: policy. All members of the couple or family system are treated equally and “secrets” are not kept by the psychotherapist that requires differential or discriminatory treatment of family members. I understand that any information shared in any individual therapy MUST be also shared in couple or
- g. family therapy to insure this “NO SECRETS” policy. Signing this disclosure statement affirms permission for my psychotherapist to share this confidential information as deemed necessary for treatment.
- h. I understand Mary Ann Van Buskirk provides non-emergency psychotherapeutic services by scheduled appointment. If she believes my psychotherapeutic issues are above her level of competence, or outside of her scope of practice, she is legally required to refer, terminate, or consult. If, for any reason, I am unable to contact Mary Ann van Buskirk by telephone, (303) 692-8006, and I am having a true emergency, I will call 911 or check myself into the nearest hospital emergency room immediately if my personal safety or mental health is at stake.
- i. I understand that if I have any questions or would like additional information, I may feel free to ask during the initial session and any time during psychotherapy process. By signing this disclosure statement I also give permission for the inclusion of my partners, spouses, significant others, parents, legal guardians, or other family members in psychotherapy when deemed necessary by myself, or Mary Ann for purposes of assessment or treatment.
- j. I understand that I am legally responsible for payment for my psychotherapy services, if, for any reason, my insurance company, HMO third-party payer, etc. does not compensate Mary Ann Van Buskirk, I understand that signing this form gives permission to my psychotherapist to communicate with my insurance company, HMO, third-party or anyone connected to my psychotherapy funding source.
- k. I understand that confidentiality cannot be assured for electronic communication like cell phones, e-mails, and faxing. I do not hold Mary Ann responsible or liable for breach of confidentiality if I choose to communicate with my psychotherapist by these electronic means. I also give permission for such electronic communications to take place in consultation by my psychotherapist.
- l. I understand that sometimes in psychotherapy things get worse (because of repressed issues and systematic dynamics) before things get better. I understand this may be a natural part of the psychotherapeutic process.

CLIENT SIGNATURE, ACKNOWLEDGEMENT, AGREEMENT, AND CONSENT

I have read the preceding information and understand my rights as a client. By signing below I acknowledge my understanding and agree to all the terms discussed in this disclosure statement. By signing this disclosure statement, I also agree to permit consultation and I provide release for my psychotherapist to seek consultation with other psychotherapists or professionals as the need arises, I also affirm, by signing this form, that I am the legal guardian and/or custodial parent with legal right to consent to treatment for any minor child or children that I am requesting psychotherapy services from Mary Ann Van Buskirk. Consistent with HIPAA requirements this disclosure statement expires after six months and can be revoked at will by the client or the consenting parent or guardian. Revocation is not retroactive.

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Client Signature

\_\_\_\_\_  
Date

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Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mary Ann Van Buskirk, LPC

\_\_\_\_\_  
Date

