

DISCLOSURE STATEMENT

Mary Ann Van Buskirk, M.A., M.Div., LPC
1776 S. Jackson Street Suite 303, Denver, CO 80210 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

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 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 masters degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctorial supervision. A Licensed Social Worker must hold a masters 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 1000 hours of supervised experience. A CAC III must have a bachelors 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 masters degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified.

CLIENT RIGHTS AND IMPORTANT INFORMATION

- a. You are entitled to receive information from me about my methods of therapy, the techniques I use, and the duration of your therapy. Please ask if you would like to receive this information. My fee is 120 per hour for counseling.
- b. You 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 Department of Regulatory Agencies.
- d. 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.
- e. 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.

- f. 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.
- g. I understand that I am legally responsible for payment for my psychotherapy services, in the event I request a statement for reimbursement or other purposes, I understand that signing this form gives permission to my psychotherapist to communicate with my insurance company, or anyone connected to my psychotherapy funding source.
- h. 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.

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. By signing this Disclosure Statement, you agree not to subpoena me to court for testimony or for disclosure 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 and to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family's children.

I have read the preceding information and understand my rights as a client/patient. I also acknowledge that I have received a copy of this Disclosure Statement.

Client Signature/Legal Representative

Date

Client Signature

Date

Mary Ann Van Buskirk, LPC

Date