

Daniel Hettleman, Ph.D., P.C.
Licensed Clinical Psychologist #2399
1115 Grant St., Office #204
Denver, CO 80203
(303) 912-6632

Disclosure Statement

As you or your child are about to receive psychological services, I would like to provide some important information about treatment, my credentials and my training. My educational background and degrees are:

A.B. in Psychology, Duke University, May 1988
M.A. in Child Clinical Psychology, University of Denver, February 1993
Ph.D. in Child Clinical Psychology, University of Denver, August 1997
Internship in Clinical Psychology, Stanford University, July 1997

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists. The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the State Grievance Board, 1560 Broadway, Suite #1340, Denver, Colorado 80202, (303) 894-7766. If you have any concerns or complaints regarding treatment, you can contact them.

Client rights and important information

(1) You are entitled to receive information from me about my methods of therapy and/or assessment, the techniques I use, the duration of your treatment (if I can determine it), and my fee structure (currently \$2,100 for a comprehensive evaluation). Please ask if you would like to receive any additional information. You can seek a second opinion from another evaluator/therapist or terminate these services at any time.

(2) 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 State Grievance Board.

Confidentiality

Generally speaking, information provided by and to a client during therapy sessions and assessments are legally confidential. Therefore I cannot be forced to disclose the information without the client's consent. There are exceptions to the general rule of legal confidentiality. **These exceptions are listed in the Colorado statutes (see section 12-43-218, C.R.S., in particular). Exceptions to confidentiality include, but are not limited to, a threat of serious harm to self or others, as in the case of child abuse, suicide, or grave disability; or under a court order. If you do not pay for services rendered within three months of billing, I may also need to contact a collections agency with your contact information, which would also compromise your confidentiality.** There may be other exceptions that I would identify to you as the situations arise during this assessment/treatment.

Other important information

(1) I have a 24-hour cancellation policy. If you need to cancel or change an appointment, I request that you notify me at least 24 hours in advance. If you cancel less than 24 hours before a scheduled appointment, I will need to charge you the hourly rate for the time we had scheduled. **I NOT ACCEPT CANCELLATIONS VIA E-MAIL.** If you're interested in e-mail communication, please ask me about my policies.

_____ (Please initial indicating you have read page one)

If you have any questions or would like additional information, please feel free to ask.

I have read the preceding information on page one (initialed) and two of this document, and understand my rights as a client/patient.

Client's name

Client's signature (if above age 13)

Date

Parent/Guardian (if necessary)

Date

2nd Parent/Guardian (if necessary)

Date

Psychologist

Date