

Daniel Hettleman, Ph.D., P.C.
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(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 practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Section of the Division of Registrations. The Board of Psychologist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, CO 80202, (303) 894-7800. If you have any concerns or complaints regarding treatment, you can contact them. As to the regulatory requirements applicable to mental health professionals: 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 at least one year of post-doctoral 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 II must complete additional required training hours and 2,000 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, and no degree, training or experience is required.

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 \$2,650 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 board that licenses, registers, or certifies the licensee, registrant or certificate holder.

(3) 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 DO NOT ACCEPT CANCELLATIONS VIA E-MAIL.** If you are interested in e-mail communications, please discuss my e-mail policies with me, and I have a separate consent form for e-mail communications.

_____ (Please initial indicating you have read page one, and it has been explained to your verbally)

(4) Please plan to arrive on time for all evaluation appointments. If we need to schedule an extra appointment due to lateness, I will charge for the extra time.

(5) Under the Colorado Mental Health Practice Statute, I am required to notify you in writing that as a licensee, registrant, or certificate holder I may not maintain your record after the seven-year period required for filing a complaint pursuant to section 12-43- 224(1)(a)(I).

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.

Payment plan: _____

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

I have been informed of my psychologist's degrees, credentials, and licenses. I have read the preceding information on page one and two of this document, and all of this information has been explained to me verbally, and I understand my rights as a client/patient.

Client's name

Client's signature (if above age 13)

Date

Child's date of birth: _____

Parent/Guardian (if necessary)

Date

2nd Parent/Guardian (if necessary)

Date

Psychologist

Date