M. Dawn Rike, MA, LMFT, CHC, ~ Counselor

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PROFESSIONAL DISCLOSURE STATEMENT

*You have made a decision to invest in yourself and your future. It is important that you have good information about your prospective therapist in order to decide which one is right for you. The purpose of this disclosure is to inform you about my counseling practice, my background, and your rights as a client. If you should have any questions about my training or practice that are not answered below, please feel free to bring them to my attention.*

Training, Experience, Credentials

*I am a Licensed Marriage and Family Therapist in the State of Colorado. In 1976 I received my Bachelor of Arts degree from John Wesley College, Owosso, Michigan. From 1976 to 1999 I participated in a variety of mentoring, lay-counseling, and discipleship experiences. From 1986 to 1991 I served as host at Marble Retreat, (a crisis-counseling center for pastors and missionaries). In 2001 I received my Masters Degree in counseling from Colorado Christian University. I did post-masters study at Colorado School for Family Therapy with an emphasis in sex therapy. I hold certifications in Prepare and Enrich (pre-marital/marital), and in Formational Prayer. I am a Certified Health Coach. I am an ordained minister by The Missionary Church International.*

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, CO 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-doctoral supervision. 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.requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists and is not licensed or certified.*

Client Rights and Important Information

*You are entitled to receive information about my methods of therapy, the techniques used, the duration of therapy (whenever possible), and fee structure. I use an approach*

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*to counseling which takes into account spiritual, psychological, social, and biological* *dimensions of the* client. *You may seek a second opinion from another therapist or terminate therapy at any time.*

*In a professional relationship (such as ours), sexual intimacy between therapist and client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies (address and phone above).*

*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 to law enforcement any suspected incident of child abuse, elder abuse and neglect, or abuse of those unable to care for themselves; 2) I am required to report any threat of imminent physical harm by a client to law enforcement and 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 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.*

*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.*

*When I consult with parents regarding their adolescent, specific content of the therapy sessions with the adolescent will be held in confidence unless their welfare requires that the parents have access to the information. In most cases, joint meetings between the adolescent, parents and therapist will be arranged as part of the process. The same general rule of confidentiality applies to couples counseling and counseling among family members. As we work together, any expectations of confidentiality will be identified as they arise. The legal standing of privileged communication is less clear in marital and family therapy where there are multiple clients.*

*In an attempt to gain other perspectives and ideas as to how to best help you, I have occasional consultation with other counseling professionals regarding clients I am meeting with. All consultations are conducted in such a way that complete confidentiality is maintained. No “identifying information” is shared in these consultations.*

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 of 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*

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*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.*

Professional Practice Policies

*Fees and Payment: The fee for each clinical hour (60 minute) session is $110.00. Payment by cash or check made payable to “Springs of Joy” is to be made at the start of each session. (I do take into consideration difficult financial situations.) Any other arrangements must be made in advance with me. If special arrangements are made for payment and the client fails to follow through, it is the ethical prerogative of the counselor to terminate counseling until the client’s payments are up-to-date. Though I do not bill insurance, I am able to provide receipts to be used to obtain reimbursement from your company.*

*Cancellations or missed appointments: I understand that it may be necessary to cancel an occasional appointment. To help me be both efficient and responsible in the use of my time, I ask that any changes or cancellations be made at least 24 hours in advance. The regular fee will be charged for appointments canceled with less than a 24-hour notice. Also, two consecutive missed sessions without prior notice constitutes a termination of the therapeutic relationship.*

*I provide non-emergency psychotherapeutic services by scheduled appointment. If I believe your psychotherapeutic issues are beyond my level of competence, or outside of my scope of practice, I am legally required to refer, terminate, or consult. If for any reason you are unable to contact me by telephone and are truly having an emergency, call 911 or check yourself into the nearest hospital emergency room.*

*I have read the preceding information (3 pages) and understand my rights as a client/patient. I also acknowledge that I have received a copy of this Disclosure Statement.*

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Client signature(s) Date

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Parent/Guardian signature Date

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1. Dawn Rike, MA, LMFT, CHC Date