
DISCLOSURE STATEMENT

As we begin counseling, please be advised that psychotherapy is a unique relationship and experience. It is an active, creative, interactive process and an investment in yourself. It can be affirming and healing as well as difficult and painful.

Degrees and Credentials

I am a Licensed Psychologist, Colorado License #3028. I have a doctorate in Counseling Psychology from this University of Denver, a Master's Degree in Counseling from Denver Seminary, and Bachelor's Degrees from Baylor University and Metropolitan State College. In addition, I have completed the Postdoctoral Certificate Program in Neuropsychology at Fielding Graduate Institute. As part of my commitment to quality therapeutic care, I participate in a peer consultation group. I also consult with Arnold Purisch, Ph.D., who is board certified by ABPP-CN and ABN, for neuropsychological evaluations.

I would like to bring to your attention that there are several therapists in this building; however, our practices are unrelated other than by location.

Emergency Procedures

I have limited my practice to clients who are not in need of 24-hour care. I will try to return calls within two business days, Monday through Friday, 9 a.m. to 6 p.m. I do not carry a pager. In an emergency situation, if you are unable to reach me at 303-804-5669, you should go to the nearest hospital emergency department for evaluation, call 911, or call the county crisis line in your county.

Client Rights and Information

- 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 Board of Psychologists Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals: **A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.**
- You are entitled, to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy, if known, and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time.
- In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.
- Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-21 of the

Colorado Revised Statutes as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly.

Session Length and Fee Information

Payment is due at the time of service. The fees are based on 50-minute sessions, at \$130 per session and \$195 for an 80 minute session. Telephone consultation lasting longer than 15 minutes will be billed at \$2 per minute.

Many insurance policies provide partial to total coverage for mental health services. Your insurance (personal, group, private, governmental, partial payment or full payment type) is a contract between you and your insurance company; it is not an agreement between the insurer and this therapist. This means that your account with Lauri L. Korinek, PC, LLC is your responsibility regardless of insurance coverage. I will gladly provide a statement and any other information you may need to file your insurance claim. Since you will have already paid for the services received, the insurance reimbursement should be made directly to you.

To help me be efficient and responsible in the use of my time, I would ask that any changes or cancellations be made at least 24 hours in advance. Any missed appointment with no notice of cancellation will be charged at the regular per session rate.

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client's responsible party.

Print Client's Name

Client's Signature

Date

If Responsible Party's Signature Needed, Print Responsible Party's Name

If Needed, Responsible Party's Signature

Date

If signed by Responsible Party, please state relationship to client and authority to consent:
