



Kathryn Oliver, Psy.D.

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DISCLOSURE STATEMENT

Kathryn Oliver, Psy.D., 7600 East Arapahoe Road, Suite 305, Centennial, CO 80112
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Credentials: Psy.D. Clinical Psychology 2006, The California School of Professional Psychology at Alliant International University
MA Counseling Psychology, 2000, University of Denver, Graduate School of Education

BA General Psychology, Philosophy Minor 1996, Southern Oregon University
Licensed Psychologist PSY.0004744
APA Member since 2000

1) 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 Department of Regulatory Agencies can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals:

- Registered psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.
- Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.
- Certified Addiction Counselor III (CAC III) must have a bachelors degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.
- Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements.
- Licensed Social Worker must hold a masters degree in social work.
- 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.
- 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.

2) Your Therapist: You are entitled to receive information from your child's therapist about the methods of therapy, the techniques used, the duration of 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.

3) Goal Setting: Parents have the right to and are strongly encouraged to participate in the process of selecting an appropriate treatment approach and setting treatment goals. Older children are encouraged to participate in goal- setting as well.

4) Record-Keeping: Currently, mental health professionals are required to maintain client records for a period of seven years from the date of termination of services. In addition, any complaint filed with the Division of Professions and Occupations in the Department of Regulatory Agencies (DORA) against a mental health professional alleging a maintenance of records violation must be made within seven years after the former client discovered or reasonably should have discovered the violation. The applicable board in the Division of Professions and Occupations must either take disciplinary action on the complaint or dismiss the complaint within two years. For more information, please see [House Bill 17-1011 Statute of Limitation Discipline Mental Health Professional](#).

5) Confidentiality: Generally speaking, the information provided by and to clients and their families during therapy sessions is legally confidential and cannot be released without the client's or responsible party's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 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 or imminent lethal risk to oneself or an identified party to authorities. Should a legal exception arise during therapy, you will be informed accordingly if feasible. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: <http://www.dora.state.co.us/mental-health/Statute.pdf>.

*Note on Confidentiality When Providing Therapy to a Child: There are slightly different expectations and limits about confidentiality in child therapy than there are in adult therapy. While a minor client's parents or guardians hold the privilege of consenting to treatment (up to age 12 in the State of Colorado), it is most clinically appropriate for the child client to have a level of privacy while in session and covering the content of the session (exclusive of the mandatory reporting described above) and records. I will give regular progress updates on a minor client to his/her parents, and if something comes up in session that I feel is important for parents to know, I will encourage the client to disclose it himself/herself, most often in my presence.

**Note on child therapy in separated or divorced families: While your child's privacy and confidentiality is of utmost importance, and the family's privacy will be strictly maintained according to legal requirements, I cannot maintain confidentiality between parents while I am seeing their child. Also, any involvement by stepparents/partners will require a release signed by both custodial parents. Please also note: I do not provide custody evaluations or parent-child reunification services.

When I am out of town or otherwise unavailable, I will typically have another therapist on call for me. If necessary, I reserve the right to disclose confidential information from your child's records, including personally identifiable information, to this on-call therapist to facilitate the coverage of your child's care in my absence.

Please be aware that my primary phone number is a cell phone. Although it is a very rare occurrence, cellular calls and text messages can sometimes be intercepted by third parties. Please also note there are confidentiality risks with any correspondence via electronic communication (email). A HIPAA- compliant email has been acquired for secure electronic correspondence.

I understand the risks to confidentiality in the use of current technologies for communication, and prefer to use to following communication channels:

- HIPAA email**
- cell phone/ text messaging**
- mail**
- landline phone**

7) **Financial:** Currently, the fee for a typical 50 minute child therapy session is \$150.00, although a reduced fee may be negotiated in cases of significant financial need. Sessions that are extended by more than ten minutes and other clinical services will be charged on a prorated basis. Payment is expected at the time of the service. Cash, checks, or credit cards will be accepted. If you choose to use checks, please note there will be a \$40 returned check fee, and sessions will be discontinued until the matter is resolved. Accounts that are 30 days past due will be sent to a collection agency, with enough personal information disclosed to collect the debt.

By signing this document, you are agreeing to pay for the services rendered and any additional expenses that may be accrued in collecting said fees.

8) **Cancellations/ Missed Appointments:** If you are unable to attend a scheduled appointment, 24 hours notice is required. A missed appointment without 24 hour notification will be charged a full session rate. Two consecutive missed appointments will result in forfeiture of your reserved appointment time. Please note that four missed appointments, with or without appropriate notification, will result in case closure (unless a prior arrangement has been agreed upon) and will require a re-opening process to begin again at the provider’s discretion.

9) **Emergencies:** My practice does not have the capability to respond immediately to counseling emergencies. In the event of an emergency, please call 911. Established clients with an urgent need to make contact may connect via cell phone, but an immediate response is not guaranteed. A quick or immediate response in one situation does not constitute a commitment of rapid response in another situation. I attempt to return phone calls within the same day if left during office hours or within a 24/48 hour period.

I have read the preceding information, and I understand my rights as a client or as the client’s responsible party. By signing I understand I am also consenting to treatment.

Print Client’s name	Client’s Signature (if applicable)
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Parent/Guardian’s name	Signature	Date
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Parent/Guardian’s name	Signature	Date
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Therapist’s Signature	Date
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