
DISCLOSURE STATEMENT AND AGREEMENT FORM

Yael O. Shuman, LMFT
1660 S. Albion Street, Suite 515
Denver, CO 80222
720-438-8234

This disclosure statement and agreement form contains important information about my professional services and business policies. Please read the following in order to help you to understand what you can expect of me and what I expect of you while we are working together.

Licensure & Education:

L.M.F.T., 2004, Licensed Marriage & Family Therapist, State of Colorado
L.M.F.T., 1998, Licensed Marriage & Family Therapist, State of California
M.A., 1991, Marriage, Family & Child Counseling, California Family Study Center
B.A., 1988, Psychology, California State University, Northridge

Client Rights and Important Information:

- You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure.
- You can seek a second opinion from another therapist or terminate therapy at any time. If you feel that a change of therapists is appropriate, I can provide you with the names of other clinicians at your request.
- 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 Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7766. This same contact information can also be used to report any other grievances you may have.
- Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.
- Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates.
- There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S. There are exceptions that I will identify to you as the situations arise during therapy. Some of these exceptions include: serious threat or intent to harm others or yourself; abuse or neglect of children, abuse or suspected abuse of the elderly or others unable to care for themselves; subpoenaed testimony in criminal court cases and orders to violate privilege by judges in child custody, divorce, and or other court cases.

Psychotherapy

Psychotherapy has been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, significant reductions in feelings of distress, greater insight into personal goals and values and more effective use of coping skills during difficult times. As with any treatment modality, there are no guarantees of what you will experience.

Methods & Techniques:

I use several different psychotherapeutic methods and techniques when working with clients. These theories and interventions include:

- Cognitive Behavioral Therapy (CBT): an action-oriented form of psychosocial therapy that assumes that maladaptive, or faulty, thinking patterns cause maladaptive behavior and "negative" emotions. The treatment focuses on changing an individual's thoughts (cognitive patterns) in order to change his or her behavior and emotional state.
- Eye Movement Desensitization Reprocessing (E.M.D.R.): EMDR is a phased, scientifically validated, and integrative psychotherapy approach based on the theory that much of psychopathology is due to traumatic experience or disturbing life events. These result in the impairment of the client's innate ability to process and to integrate the experience or experiences within the central nervous system. If we choose to use E.M.D.R. in our work I will provide you with more detailed information.
- Resource Development: Working with clients to identify and use internal and external resources or supports. This may include the use of imagery or relaxation techniques.
- Dialectic Behavioral Therapy (D.B.T.): Skills training for both internal and interpersonal processes. While I do not have extensive D.B.T. training, I often teach client's D.B.T. skills during therapy. These skills include emotion regulation, interpersonal effectiveness, mindfulness and distress tolerance.
- Trauma Informed Treatment: The therapy that I provide is grounded in and directed by a thorough understanding of the neurological, biological, psychological, and social effects of trauma and violence on humans and the prevalence of these experiences in persons who receive mental health services.
- Skills Building: Helping clients to learn new skills in areas such as anger management, social skills, communication, and problem solving.
- I take a strengths-based approach in working with clients.
- PREP (Prevention and Relationship Enhancement Program): One of the most well respected relationship-strengthening programs in the world. PREP is solidly built upon the most sophisticated research in the areas of couple relationships, psychology, sociology and education.

Fees:

Individual therapy sessions are 45-60 minutes in length (includes 15 minutes for documentation). Payment in full is expected at the time of service in the form of cash or check. My current rate is \$100/hr. per session. I sometimes am able to use a sliding scale depending on individual circumstances. However, this arrangement will be discussed in advance and a rate will be agreed upon prior to us beginning our work together. If you are using your insurance, I will submit claims on your behalf for our sessions*. Your co-pay is due at the time of service. By signing this form you are allowing me to provide confidential information to your insurance company. I also may provide information to billing services.

*Please note: at this time I am in-network with Cigna Insurance; for other insurances, I will provide client a receipt to submit to insurance.

Cancellation Policy:

Please note there is a 24-hour cancellation policy. You will be charged if you do not cancel an appointment within 24 hours or if you do not show up for your appointment. This charge must be paid at the beginning of the next session or upon receipt of bill. Please note that insurance companies do not pay for no-shows and that you will be charged the full amount of the session even if you have insurance.

Risks of Counseling/Psychotherapy:

Psychotherapy comes with potential risks and benefits. We will discuss these at the beginning of treatment and during treatment as appropriate. While there is hope that improvement will occur as part of the therapeutic process, this is not a guarantee. In addition, therapy can be emotionally painful at times. You may experience times in which your symptoms seem to be getting worse.

Communication:

The use of emailing and texting may be used, but are not recommended at times if you agree to this. Please be aware that these means of communication may compromise confidentiality.

Availability:

I am available for regularly scheduled appointment times. I will let you know in advance when I will be out of town and, therefore, unavailable. I will provide coverage during those times. If you are experiencing a life-threatening emergency, please go to your nearest emergency department or call 911. Please leave me a message as soon as you can as I will return your call as soon as possible.

Consultation and Supervision:

It is a common practice for psychotherapists to consult with other professionals or colleagues about issues that arise within therapy. Confidentiality will still be protected during consultation and supervision sessions. By signing this disclosure statement, you are giving me permission to obtain supervision and consultation to better help you.

Divorce/Custody Litigation:

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 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.

I have read the preceding information. By signing below, I acknowledge my understanding and agree to all the terms discussed in the disclosure statement and agreement form. My signature also serves as consent to treatment with Yael O.Shuman, LMFT.

Client/Parent Signature Date

Yael O. Shuman, LMFT Date