

## THERAPIST DISCLOSURE STATEMENT

I am a Licensed Clinical Social Worker in the states of Colorado (LICENSE # CSW.09923829) and New York (LICENSE #077818). I received my Master of Social Work from New York University. I have a postgraduate certificate in the Integrated Treatment of Eating Disorders from the Center for the Study of Anorexia and Bulimia and am a Certified Accelerated Experiential Dynamic Psychotherapist and Supervisor. My expertise is in the areas of depression, anxiety, eating disorders, domestic violence, sexual addiction and relational problems, trauma and posttraumatic stress disorder.

### YOUR RIGHTS AS A CLIENT

You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy, and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time. In accordance with the State Mental Health Statute in Colorado, sexual intimacy is never appropriate in a professional relationship and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

If you think any therapist has violated your rights or caused you harm, you may contact the Colorado State Grievance Board to file an official complaint: **Colorado State Grievance Board** 1560 Broadway, Suite 1340 Denver, CO 80202 Telephone: (303) 894-7766

### CONFIDENTIALITY

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. However, there are some exceptions to this confidentiality. As a licensed mental health professional, I am mandated to disclose information if a client is planning a suicide attempt, is a danger to others, or if child abuse or maltreatment is suspected. The client will be informed prior to any mandated disclosures.

### CANCELLATION POLICY

I have a 48-hour cancellation policy that applies to all scheduled appointments. If you are unable to attend a scheduled session and do not notify me with at least 48 hours notice, you will be charged your usual session fee.

### EMERGENCIES

This office provides non-emergency services only. If you have a mental health emergency, you can reach the Mental Health Partners at **(303) 447-1665**, 24 hours a day.

If you have a non-emergency concern and need to reach me prior to your next scheduled appointment, call (720) 837-1468 and leave a message. For scheduling and other logistical issues, I am reachable by email at [jessica@jessicaslatus.com](mailto:jessica@jessicaslatus.com). If I am unavailable due to vacation, a qualified back-up therapist will be available to you.

### VERIFICATION

I have read the preceding information and I understand my rights as a client or as the client's responsible party.

\_\_\_\_\_  
Print Client Name

\_\_\_\_\_  
Client or Responsible Party's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Date