

# Disclosure Statement

Stuart Marshall, MA, LPC  
License #3629  
3985 Wonderland Hill Ave.  
Boulder, Co 80304  
303-475-4625

## 1. My degrees and credentials:

Naropa University, Boulder, CO 1998-2001

\* MA, Transpersonal Counseling Psychology

University of Colorado, Boulder, CO 1989

\* Bachelor of Arts

Political Science

Boston University, Boston, MA 1984-1986

Gestalt Institute of the Rockies, Westminster, CO 2000

## 2. Grievance procedure:

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of Licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapist, licensed school psychologists practicing outside the school setting, and unlicensed individuals who practice psychotherapy.

The agency within the department that has the responsibility specifically for licensed and unlicensed psychotherapists is the Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1370, Denver, CO 80202, (303) 894-7766.

## 3. Clients rights:

- You are entitled to receive information from me about my methods of therapy, the techniques used, the duration of your therapy (if I can determine it), and my fee structure.
- You can seek a second opinion from another therapist terminate therapy at any time. 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.

Generally speaking, the information provided by and to a client during therapy session is legally confidential if the therapist is a licensed marriage and family therapist, a licensed social worker, a licensed professional counselor, a licensed psychologist, or an unlicensed psychotherapist. If the information is legally confidential, the therapist can not be forced to disclose the information without the client's consent.

- Information disclosed to a licensed marriage and family therapist, a licensed social worker, a licensed professional counselor, a licensed psychologist, 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 to the general rule of legal confidentiality. These exception include intent to harm others or yourself; abuse or excepted abuse of children, and possibly the abuse of elderly or others unable to care for themselves, neglect or suspected neglect of children; subpoenaed testimony in criminal court case, and orders to violate privilege by judges in child custody and divorce cases. You should be aware that, except in the case of information given to a licensed psychologist, legal confidentiality does not apply in a criminal or delinquency proceeding. There are other exceptions that I will identify to you as the situations arise during therapy.

**4. Fees:**

I charge for psychotherapy on a negotiated sliding scale based on a per person bases. My normal fee is \$150.00 per hour. Mentoring fee (to be determined), is \$.....

**5. Marriage and Family counseling:**

The therapist holds to a “no secrets” policy. All members of the family system are treated equally, and the therapist does not keep secrets.

6. I provide non-emergency psychotherapy by scheduled appointment only. If I believe your therapeutic issues are above my level of competence, or outside 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, (303) 475-4625, and you are having a true emergency, please call 911 or check yourself into the nearest hospital emergency room.**

**7. Cancellation policy:**

Once you schedule an appointment, you are responsible for payment in full at time of service.

If you have any questions or would like additional information, please feel free to ask.

I have read the preceding information and understand my rights as a client.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date