

DISCLOSURE STATEMENT
Eden's Promise, LLC
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2015 Master Splankna Therapy Practitioner Certification
2015 Registered Psychotherapist (DORA) NLC.0105700
2015 Advanced Splankna Therapy Practitioner Certification
2015 Level 1 Splankna Therapy Practitioner Certification
2017 Founder, Adopt-A-Mom (non-profit project serving at-risk, young, or single expectant mothers)
Professional Experience: 8 years natural wellness coaching and pre-parental coaching; author of Expectant Parents Workshop
2009 Clayton College of Natural Health, Bachelor of Science in Natural Health

REGULATION OF PSYCHOTHERAPISTS

The practice of licensed or registered persons in the field of psychotherapy is regulated by Mental Health Licensing Section of the Division of Registrations. The regulatory boards can be reached at 1560 Broadway, Suite 1350, Denver, CO 80202, (303)894-7800. The regulatory requirements for mental health professionals provide that a 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 in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a masters degree in social work. A 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. A Certified Addiction Counselor I (CAC I) must be a high school graduate and complete required training hours and 1000 hours of supervised experience. A CAC II must complete additional required training hours and 2000 hours of supervised experience. A CAC III must have a bachelors degree in behavioral health and complete additional training hours and 2000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters degree and met CAC III requirements. A Registered Psychotherapist is listed in the state's database & is authorized by law to practice psychotherapy in Colorado but is not licensed by the state & is not required to satisfy any standardized education or testing requirements to obtain a registrations from the state.

Splankna Therapy is considered Energy Psychology. It uses a different model, and different techniques, than that which is utilized by traditional licensed counselors, and is therefore classified under Registered Psychotherapy by DORA. The Splankna Therapy Institute upholds separate requirements for obtaining and maintaining certification. Splankna Therapy practitioners cannot make mental health diagnoses or claim to treat any previously named diagnosis, but are allowed to work freely with clients looking to work outside the framework of traditional counseling for holistic emotional wellness.

CLIENT RIGHTS AND IMPORTANT INFORMATION

- a. You are entitled to receive information from me about my methods of therapy, the techniques I use and the duration of your therapy. Please ask if you would like to receive this information. My fee is \$75 per clinical hour (60 minutes).
- b. You can seek a second opinion from another therapist or terminate therapy at any time.
- c. 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 that licenses, certifies, or registers therapists.
- d. Generally speaking information provided by and to a client in a professional relationship with a psychotherapist is legally confidential and the therapist cannot disclose the information without the client's consent. There are several exceptions to confidentiality which include:
 - (1) I am required to report any suspected incident of **elder, IDD, and child abuse or neglect** to law enforcement ;
 - (2) I am required to report any threat of imminent physical harm by a client to law enforcement and to

the person(s) threatened; (3) I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or to others, or who is gravely disabled, as a result of a mental disorder, (4) I am required to report any suspected threat to national security to federal officials; and (5) **I am required by HB 14-1271 to report any threats against locations such as churches, schools, theatres, workplaces, etc. to law enforcement**, and (6) I may be required by Court Order to disclose treatment information.

e. When I am concerned about a client's safety, it is my policy to request a Welfare Check through law enforcement. In so doing, I may disclose to law enforcement officers information related to my concerns. By signing this Disclosure Statement and agreeing to treat with me, you consent to this practice, if it should become necessary.

f. Under Colorado law **C.R.S. 14-10-123.8**, parents have a right to access mental health treatment information concerning minor children, unless the court has restricted access to such information. If you request treatment information from me, I may provide you with treatment summary, in compliance with Colorado law and HIPPA Standards.

h. As required by **HB 17-1011** I am informing you that your client records will be destroyed 7 years after the termination of psychotherapy as pursuant to DORA Rules and the Colorado Mental Health Practice ACT. **Colorado law, CRS 12-43-218, allows confidentiality to be breached if a mental health professional believes a client is a potential school shooter.**

i. **HB 19-1120**, in a effort to reduce youth suicide, lowered the age of consent for psychotherapy to **12**.

DISCLOSURE REGARDING DIVORCE AND CUSTODY LITIGATION

If you are involved in divorce or custody litigation, my role as a therapist is not to make any 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; you also 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.

THEORETICAL ORIENTATION

Integrative/Systems: Intervention is based on the belief that problems and solutions exist within an individual or relational "system" for some logical functions, rather than individual "pathology". Interventions are based on the belief that the subconscious catalogues the individual's life experiences and that previous trauma tends to cause current symptomology. Mind/body interventions are employed to clear previous trauma, thus relieving the current symptoms. This intervention is also faith-based and prayer is used in completing the protocol. I have read the preceding information and understand my rights as a client. I do hereby accept full responsibility for any & all actions taken by myself or my child concerning any therapeutic assignments, mind/body work or prayer work with Jennifer DeBrito.. I affirm that I am the legal guardian and/or custodial parent with legal right to consent to treatment for any minor child or children that I am requesting services for with Jennifer DeBrito.. I understand

that

mind/body work involves minor touch by the therapist and I give my permission for that. I understand that I am not receiving medical diagnosis, medical treatment or prescriptions but psychotherapy interventions. I hereby release Jennifer DeBrito from any liability resulting in any possible damages or loss incurred in our association.

Email, text and other forms of electronic communications may only be used for logistical purposes, i.e. appointment scheduling or cancellation, directions to the counseling center etc. I am not available through these means for processing work from therapeutic appointments.

You may make an appointment to talk by phone when in crisis or call your 911 or Aspen Pointe Crisis Hotline at 635-7000.

I have read the preceding information & it has been presented to me verbally. I understand my rights as a client & the disclosures that have been made to me. By signing below, I also agree to permit consultation & am providing release for my therapist to seek consultation with other psychotherapists or professionals, if the need arises. I also acknowledge that I have received a copy of this disclosure statement.

Client Signature/Legal Representative

Date

Therapist

Date