DISCLOSURE STATEMENT

Silver Lining Counseling Services LLC
Elizabeth Ross LMFT LPC
12295 Oracle Blvd. Ste 210
Colorado Springs, CO 80921
Phone: 719-339-4179
E-mail:SLCS_llc@proton.me

Licensed Marriage & Family Therapist LMFT #683
Licensed Professional Counselor LPC #3577
1979 Adams State College M.A. Counseling
2003 The Colorado School for Family Therapy Post-Graduate Studies
Professional Experience: Licensed 9 Yr, Private, Practice 15 Yr, School Counselor 12 Yr.
American Association Of Family Therapy, Colorado Association of Family Therapy
American Association of Christian Counselors
2007 Splankna Level 1 Certification
2008 Splankna Advanced Level Certification
2013 Master Level Splankna Certification

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.

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.
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. I agree not to record our sessions without your written consent; and you agree not to record a session or a conversation with me without my written consent.
f. 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.
g. 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. **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.**

CLIENT RECORD RETENTION RECORD
My records regarding treatment of adults will be kept for 7 years after treatment ends or following our last session, but I may not retain them after 7 years. My records for treatment of minors will be kept for 7 years rom the last day of treatment or 7 years from the date when the minor turns 18, whichever is later. In no event am I required to keep records longer than 12 yrs.

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.

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 Elizabeth Ross. 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 Elizabeth Ross. 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 Elizabeth Ross 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