

DISCLOSURE STATEMENT

Younify Counseling
Lex Burgeson - Splankna Practitioner
12295 Oracle Blvd, Suite 210
Colorado Springs, CO 80921
Phone: 719-510-0716
E-mail: lexb@younifycounseling.com

2012 Splankna Level 1 Certification
2017 Splankna Advanced Level Certification
2019 Master Level Splankna Certification

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 \$70 per hour (60 minutes).
- b. You can seek a second opinion from another practitioner or terminate therapy at any time.
- c. In a professional relationship (such as ours) sexual intimacy between a practitioner and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies.
- d. Generally speaking information provided by and to a client in a professional relationship with a psychotherapist is legally confidential and the practitioner 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 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 may be required by court order to disclose treatment information.
- e. 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 a treatment summary, in compliance with Colorado law and HIPPA Standards.

DISCLOSURE REGARDING DIVORCE AND CUSTODY LITIGATION

If you are involved in divorce or custody litigation, my role as a practitioner 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 and all actions taken by myself or my child concerning any therapeutic assignments, mind/body work or prayer work with Lex Burgeson. 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 with Lex Burgeson. I understand that mind/body work involves minor touch by the practitioner and I give my splankna practitioner permission for that. I understand that I am not receiving medical diagnosis, medical treatment or prescriptions but psychotherapy interventions. I hereby release Lex Burgeson and Younify Counseling Center 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 and it has been presented to me verbally. I understand my rights as a client and the disclosures that have been made to me. By signing below, I also agree to permit consultation and am providing release for my practitioner 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

Practitioner signature _____ Date