

Craig A. Knippenberg, LCSW, M.Div., P.C.
Knippenberg, Patterson, Langley & Associates

Group, Family, and Individual Counseling
Specializing in Child & Adolescent Neurobehavioral Disorders

DISCLOSURE STATEMENT AND FINANCIAL AGREEMENT

Colorado law requires that the following information be provided to all clients.

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of _____ Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals: 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 degree 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 1,000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements. A Registered Psychotherapist is a psychotherapist listed in the state's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.

A separate addendum to this disclosure, which identifies your therapist's degrees, credentials and licenses, will be provided to you.

You are entitled to receive information about your therapist's methods of therapy, techniques used, the duration of therapy (if known), and fee structure. You may seek a second opinion from another therapist or terminate this therapy at any time.

In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

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. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado revised statutes, as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly.

You should know that Craig A. Knippenberg, LCSW, and/or _____ will provide your therapist with _____ supervision or _____ consultation. As such, information regarding your case will be available to him/her. Information regarding your case will also be provided to other staff members of Knippenberg, Patterson and Associates for administrative and/or clinical care coordination purposes.

Mailing:

2650 S. Eudora St. Denver, CO 80222
Voice Messaging: 303-756-4924
Fax: 303-758-3515

Clinical:

12325W. Bowles Ave. Littleton, CO 80127
2650 S. Eudora St. Denver, CO 80222
9094 E. Mineral Ave. #100, Centennial, CO 80112

You will be billed at the time services are rendered. Any balance not paid after thirty days will be assessed a service charge at the rate of 1.5% per month. In the event our billing efforts fail, we will send delinquent accounts to a collection agency, with instructions to follow their usual course of action. By signing this agreement you are agreeing to this procedure.

Sessions are generally 45 to 50 minutes, for individual/family sessions and 90 to 150 (in summer) minutes for group sessions. This time is reserved for you. Missed appointments with less than 24-hour notice will be charged at the therapy session rate.

Telephone calls will be returned as promptly as possible. If your call is an emergency, please state this when you are calling. Telephone consultations lasting more than 10 minutes will be charged at therapy session rate.

Our standard and customary fees are \$175.00 per individual/family session; \$85.00 per 90-minute group session; and \$125.00 per 150-minute group session. Fees for other services and out of office procedures may vary. I understand that the fee for my service is \$_____ per _____*

I/We will receive counseling beginning _____.
I understand that payment is due at the time of service unless other arrangements have been made.
Special Arrangements:

I have been informed of my therapist's degrees, credentials and licenses. I have also read the preceding information and I understand my rights as a client or as the client's responsible party. I agree that I am financially responsible for all services received. In the event I am seeking services for a child, I also hereby attest that I have the authority to consent for such services for said child.

Responsible Party (Printed Name) Date

Therapist

Responsible Party (Signature) Date

Credentials

Child's Name

Licensure

Address: _____

Supervisor

Contact Numbers: _____

Home _____

Work _____

Cell _____

*Rates may periodically be subject to change.