

MANDATORY DISCLOSURE STATEMENT

James M. Vigorito, Ph.D., Yale University, 1978
Licensed Psychologist # 1824
Healing for the Soul ("HFTS"), POB 25314, CS, CO 80936
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The Mental Health Section of the Colorado Department of Regulatory Agencies oversees the practice of mental health professionals. Within the Department, the Board of Psychologist Examiners, located at 1560 Broadway, Suite 1370, Denver, CO 80202, (303) 894-7766, is specifically responsible for licensed psychologists.

Client Privileges and Important Information:

You (the "client") are entitled to receive information from me about my methods of therapy, the techniques I (Jim Vigorito and/or HFTS) use, the duration of your therapy (if I can determine it), and my fee structure. Please ask if you would like to receive this information. You can seek a second opinion from another therapist or 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.

Telephonic group and/or individual counseling provides a confidential means of relational healing that is effective for most issues. Please note that those who are actively suicidal, experiencing hallucinations or psychosis, or primarily seeking recovery from chemical dependency should not use telephonic counseling as their first course of action. During your initial assessment, a counselor will help you determine if telephonic counseling is an appropriate course of action at this time.

Confidentiality: Generally speaking, the information provided by and to a client during therapy sessions 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 cannot 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. You also understand that I will communicate about your treatment with the other therapists and/or coaches on the HFTS team and their respective clinical supervisors, as well as with each other as needed.

For married couples who are both receiving treatment from the HFTS team it is understood that by signing this disclosure statement they are both agreeing to a release of information and that staff members may communicate with each other about their marriage, spouse and any relevant treatment issues therein so that we may better serve the couple as a therapeutic team and therefore, confidentiality is limited and not guaranteed in this context. Should a client have something they do not want their HFTS therapist to disclose to the rest of the staff, particularly to their spouse's HFTS coach or therapist, it needs to be communicated to that Jim Vigorito and Jayson Graves (help@healingforthesoul.org)in writing.

Client
Initials

Client's printed name: _____

Exceptions to Confidentiality: 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 that I will identify to you as the situations arise during therapy. If you have any questions or would like additional information, please feel free to ask. Since the relationship between you and me is of a professional, formal nature and therefore exists primarily on that level, you agree to respect the nature of this relationship and acknowledge that recommendations, feedback and opinions will be given to you as part of the therapeutic process. This information and all interactions between us are subject to the scrutiny of my clinical supervisor for the purpose of confidentially assisting me with your care. If you choose to participate in one of my teleconference groups, your therapeutic information is also subject and open to the confidential relationship between me and my independent group facilitators for purposes of consultation. If your spouse or domestic partner becomes part of the therapeutic process I cannot ensure confidentiality and all information shared is considered open to the other.

Referrals: If at any point, I determine that your circumstances are beyond my ability, training, or scope of practice or I come to believe that the therapy is not effective, I may refer you to another therapist. If you choose to leave the therapeutic relationship expressly or by default, I am not obligated to make such a referral.

Appointment etiquette & billing: Appointments will be billed the business day previous to the appointment. Any changes to an appointment require 48 business hours notice. There are no refunds for appointments not kept or not rescheduled more than 48 hours in advance. You are responsible for scheduling a new appointment if there has been a missed or cancelled meeting. Initial assessment appointments are billed at the time of booking and are non-refundable. The current HFTS 50-minute session rate for Jim Vigorito is \$104 and is subject to change. See HFTS website for current rates.

Addendum for clients addressing same-gender attractions: If part of your counseling needs includes this issue, here is some more information to consider; if this is not the case for you, please disregard: Same-gender eroticism per se is not considered a mental illness by any of the major mental health organizations. Studies completed to date by researchers do not support any one particular theory for the origins of same-sex attraction and/or homosexual orientation. My counseling is appropriate for those clients who volitionally request help with distress over homoerotic impulses, homosexual behavior, or life satisfaction. Conversely, my counseling is not appropriate for those clients who volitionally request “homosexuality-affirmative” counseling and a referral therein can be provided upon request. There are no well-designed controlled outcome studies of reorientation therapies, “gay-affirmative” therapies, or sexual identity therapy -- and therefore scientific results are inconclusive regarding effectiveness. There are also alternatives to receiving professional therapy (e.g., religious-based support groups).

“By signing below I acknowledge I have read the preceding information (including page 1 attached) and understand/agree to my privileges and responsibilities as a client.”

Client/Guardian Signature

Date

Clinician Signature

Date

(Please initial, sign and fax both pages to Healing for the Soul: (303)997-1441. Thank you.)