

PATRICIA PINKSTON, M.A., L.P.C.
POB 25314, Colorado Springs, CO 80936
(719)278-3625 OR (800) 781-3625

DISCLOSURE STATEMENT

MY DEGREES, CREDENTIALS, AND LICENSES INCLUDE:

Bachelor of Arts/Speech Communication – University of Houston, Houston, TX – 1966
Masters in Counseling – Amber University, 1995
Licensed in Texas, Licensed Professional Counselor, 1997, Inactive status, 1999-2001
Colorado LPC License by endorsement, February, 2002

CLIENT PRIVILEGES AND IMPORTANT INFORMATION:

1.) In the state of Colorado, the practice of psychotherapy is regulated by the Department of Regulatory Agencies. If you have a grievance against any psychotherapist, the specific agency to notify is the Department of Regulatory Agencies, Mental Health Section. The address for the Grievance Board is 1560 Broadway, Ste.1340, Denver, CO 80202, Telephone: 303-894-7766. 2.) You have the right seek a second opinion from another therapist, and may terminate treatment at any time. 3.) Colorado law requires me to inform you that in our professional relationship physical intimacy is never appropriate and should be reported to the Grievance Board at the above address. 4.) Finally, concerning confidentiality: The information provided by you, the client, and from me the therapist is generally legally confidential and I cannot be forced to disclose the information without your, the client's, consent. Information disclosed to me 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. The exceptions to the general rule of legal confidentiality are listed in the Colorado statutes (C.R.S. 12-43-218). However, please 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 other exceptions to the confidentiality issue. I have a mandated duty to report any information concerning a.) Suspicions or report abuse to a minor, b.) comments of life threatening harm to oneself or others, and c.) threats of terrorism If you have any questions about this information or anything else, please ask. Also, you agree to authorize me to consult with Jayson Graves, Healing for the Soul, LLC and all its agents so that we may serve you as a therapeutic team. 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 therapist, it needs to be communicated to that therapist and Jayson Graves in writing.

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. 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.

APPOINTMENT ISSUES: Appointments will be billed the business day previous to the appointment. All scheduled appointments are 50 minutes in length. It is a shared responsibility between the client and therapist to end the appointment on time. 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.

"By signing below, I acknowledge that I have read the preceding information and understand my rights as a client."

Client Signature: _____ Date _____

Client Address _____

Phone for Messages _____ E-Mail _____

Please fax to Healing for the Soul at (303)997-1441 or mail to the address above. Thank you.

