

Staff Disclosure Statement
Healing for the Soul, PC
POB 25314, Colorado Springs, CO 80936
719-590-7685

HFTS Therapists' Credentials, Education & Preferred Contact Information:

Jayson L. Graves, M.MFT

- CO Registered Psychotherapist, HFTS Director/President providing Individual, Group & Marital counseling for men, wives & teens;
- Seattle Pacific University, 2002, Masters of Science, Marriage & Family Therapy; Northwest College, 1996, Bachelors of Arts, Behavioral Science (Biblical Studies emphasis)

Jeremy F. Keeton, M.MFT, LMFT

- CO Licensed Marriage & Family Therapist, #724 providing Individual, Group (for men) & Marital therapy;
- Certificate of Program Completion – Focus on the Family Institute, Colorado Springs, CO; 1997; Bachelor of Science – Human Communication, 1998 & Masters in Marriage & Family Therapy, 2001 – Abilene Christian University, Abilene, TX.

Jenni Uzri

- CO Registered Psychotherapist providing Individual, Group (for women/wives) & relationship counseling
- Colorado Christian University, Colorado Springs, CO: B.A. in Psychology program (Currently enrolled; projected graduation: Spring, 2013)

Jordan Hall

- CO Registered Psychotherapist providing Individual & Group (for teens) counseling;
- Colorado Christian University, Masters of Arts - Counseling, 2011; The Citadel, Bachelors of Arts – Psychology, 2006

Kevin Uzri, M.A.

- CO Registered Psychotherapist providing Individual & Group counseling (for men & teens) & relationship counseling;
- Denver Seminary, 2010, Masters of Arts, Counseling; University of CO, Colorado Springs, 2008, Bachelors of Arts, Psychology

Michael E. "Ed" Millard, LMFT

- WA State Licensed Marriage and Family Therapist, Providing Individual, Group (for men & teens) & Marital therapy;
- Seattle Pacific University, 2005, Masters of Science, Marriage & Family Therapy; Multnomah Bible College, 2003, Bachelors of Science, Biblical Theology and Educational Ministries

Client Privileges and Important Information:

The CO Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, and registered individuals who practice psychotherapy. The agency within the Department that has responsibility specifically for licensed and registered psychotherapists is the Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite #1370, Denver, CO 80202, (303) 894-7766.

Client initials: _____

Client name: _____

(Client Privileges and Important Information continued): You are entitled to receive information from us about our methods of therapy, the techniques we use, the duration of your therapy (if we can determine it), and our 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 CO 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. Clients are required to “re-up” their therapy treatment plan agreement every 12 months so you agree to sign and return this document at that frequency over the course of your care.

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 business 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.

<u>Current rates:</u>	<u>Counselor</u>	<u>50:00 Session</u>
	Jayson Graves	\$129 (.5: \$69)
	Jeremy Keeton	104 (54)
	Jenni Uzri	99 (54)
	Kevin Uzri	94 (49)
	Ed Millard	89 (49)
	Jordan Hall	79 (44)

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 a registered 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 registered psychotherapist is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of CO without the consent of the person to whom the testimony sought relates. You also understand and agree that we will communicate about your treatment with the other therapists, interns and/or coaches on the Healing for the Soul team and their respective clinical supervisors, as well as with each other as needed.

In marriage and family counseling, the therapist holds a “no secrets” policy. All members of the couple or family system attending the sessions are treated equally and “secrets” are not kept by the therapist that requires deferential or discriminatory treatment of family members. So, 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 therapist and help@healingforthesoul.org in writing.

Client initials: _____

Client name: _____

Exceptions to Confidentiality: There are exceptions to the general rule of legal confidentiality: If you pose a serious physical danger to yourself or another person; If threats to national security are disclosed; If you disclose that you or another person have physically or sexually abused or molested a child, an incompetent person, or a disabled person; If you disclose that a child, an incompetent person, or a disabled person is suffering from neglect; Subpoenaed testimony in criminal court cases and orders to violate privilege by judges in child-custody and divorce court cases are also exceptions. Since our relationship with you 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 our clinical supervisor/s for the purpose of confidentially assisting us with your care. If you choose to participate in one of our teleconference groups, your therapeutic information is also subject and open to the confidential relationship between the HFTS staff for purposes of consultation. You also understand confidentiality cannot be completely assured for electronic communications such as emails, facsimile and certain wireless phone methods. You agree to not hold us responsible or liable for any inadvertent breaches in confidentiality if you choose to communicate with us by such electronic/telephonic means.

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

Addendum for clients addressing unwanted same-sex attraction issues: If part or your counseling needs includes addressing this issue in yourself or in your relationship with your spouse, 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. Our counseling is appropriate for those clients who volitionally request help with distress over these impulses, homosexual behavior, or life satisfaction. Conversely, our 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). Recent studies have shown, however that faith-based programs can be helpful for some who pursue this option (Jones & Yarhouse, 2008).

Assessments: You may be asked to take one or several different kinds of inventories/tests during the course of treatment. These are used under the strictest confidentiality guidelines. These instruments are used as non-medical, mental health diagnostic tools that can aid the overall treatment of your situation.

Minors: In order to provide psychotherapy to a child less than 15 years of age, we are required to secure written permission for the custodial parent or legal guardian. In certain cases, you may be asked to provide documented court proof of custody indicating your legal right to sign such permission. In such cases, any legal parent or guardian of the child has the right to information about the therapy of their minor.

Phone Contact/Emergencies: We provide non-emergency psychotherapeutic services by scheduled appointment. If we believe your psychotherapeutic issues are above our level of competence, or outside my scope of practice, we are legally required to refer, terminate, or consult.

Client initials: _____

Client name: _____

(Phone Contact/Emergencies continued): If, for any reason, you are unable to contact us by telephone and are having a true emergency, you may call the 24-hour Pikes Peak Mental Health crisis line at (719) 635-7000 or the crisis hotline in your area. Also you may call 911 or check yourself into the nearest hospital emergency room. Be aware that you may leave a voice mail message in a private and confidential mailbox at the above stated number for non-emergencies as well.

Nutritional Supplements: HFTS functions as an "Amen eCenter," directly distributing Dr. Daniel Amen's Nutraceutical supplement blends designed to support normal, healthy brain function especially around struggles germane to sexual addiction including but not limited to compulsivity, attention & focus problems, and mood issues like depression and anxiety. Any recommendations we make are for your consideration only and not to be construed as medical advice and you should always check with your doctor for their opinion. If you purchase supplements from HFTS either directly from our stock or through the amenclinics.com website using our eCenter discount code, you acknowledge you are doing so at your own volition, not under any duress and that any portion of your purchase that goes to HFTS in any form should not be considered a commission, fee-split or dual-relationship but rather the normal cost of providing the service and related products. If you have questions or would like additional information about anything above, please feel free to ask.

"I have read the preceding information (including pages 1-4 attached) and understand my rights as a client/patient. By signing below I acknowledge my understanding and agree to all the terms discussed in this disclosure statement. By signing this disclosure statement, I also agree to permit consultation and I provide release for my therapist to seek consultation with other psychotherapists or professionals as the need arises."

Client Signature / Printed: _____ /

(Spouses must sign separate Disclosure Statement copies)

Custodial parent / Legal guardian signature (for client under 15 y.o.) / Printed:

Mailing Address: _____

Date: _____

*****Please initial, sign and fax or scan/email all 4 signed & initialed pages to Healing for the Soul: (303)997-1441 or info@healingforthesoul.org - Thank you.*****