

Mandatory Disclosure Statement

Therapist Name: Nancy Harris, LCSW, LICSW, LLC

Business Address: 5802 E. 10th Ave, Denver, CO 80222

Business Phone: 401-378-4190

Degrees: MSW, University of Michigan School of Social Work

BA, Bowdoin College, Brunswick, ME

Credentials: Licensed Clinical Social Worker (License CSW.00989810)

National Association of Social Workers - member

Colorado Association of Psychotherapists - member

Certified in Mindfulness-Based Stress Reduction

Certified Life Coach - (Completed 3 Life Coach Training Programs)

Please refer to my website “About” page for full list of education, trainings and credentials: www.nancyharriscoaching.com.

1. **REGULATION OF PSYCHOTHERAPISTS** 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 Social Work 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:
Licensed Social Workers must hold a Masters Degree in Social Work.

2. A client is entitled to receive information about the methods of therapy, techniques used, the duration of therapy, if known, and the fee structure. A client may seek a second opinion, at client's expense, and may terminate therapy at any time. I am required to tell you that in a professional relationship, sexual intimacy is never appropriate and should be reported to the board that regulates Licensed Clinical Social Workers.

3. Privileged Communications: 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. The following may be exceptions to confidentiality: a) prevention of a clear and imminent danger to self, a person, or persons, b) child abuse, c) with specific written permission from the client, d) in consultation with another professional, e) lawsuit or grievance, f) third party payment (insurance claims), g) in the event of a fatal, contagious disease and h) collection agency for late or non-payment, i) a court order or involuntary procedure process. I am a Licensed Clinical Social Worker and, therefore, if the information is legally confidential I cannot be forced to disclose without the client's consent unless ordered by the judge.

Fees, Cancellation and Payment Agreements

Your appointment time has been specifically set aside for you. Should you be unable to come to a scheduled appointment, I ask that you provide at least a 24-hour cancellation so that I may offer your appointment time to someone else. Since I am unlikely to fill your appointment time with less than 24-hour notice, you will be charged the full session fee for a late cancellation or missed appointment, even if you are sick.

The one exception to this requirement is in the case of dangerous weather. I do not require 24-hour notice of cancellation in dangerous weather, but if you do not keep an appointment in dangerous weather, you will be charged if you do not call to cancel. You may leave a message on my phone 24 hours per day. Monday cancellations need to be called in by Sunday at the latest.

Phone is the required method for cancellations and rescheduling appointments; not email or text.

FEES:

\$150 for 60 minutes of individual and/or couples psychotherapy

Life Coaching: \$150/60 minutes

Returned check fee: \$25.00

Late cancellation/missed appointment (less than 24-hour notice) Full Session Fee

Annual interest charge for balances more than 30 days old: 12%

An hourly fee of \$150 is charged for other professional services you may need, such as report writing, telephone conversations lasting longer than 5 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request.

If you become involved in legal proceedings that require my participation you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$200 per hour for preparation and attendance at any legal proceeding.

Regarding Electronic Communication

The safest and most secure way to communicate with me is in the office. Second is voice mail. **I request that all appointment scheduling be done via voicemail.**

Email is not a secure form of communicating. By signing this document you are agreeing that you understand that anything you send to me via email is possibly unsecured and, therefore, it is your choice to send it and I am not liable for any breach of this information. It is in your best interest to not send sensitive

information over email but you may do so knowing the risk and assuming the responsibility. It is important to understand that logs of all emails are kept by the IPO providers and while it is unlikely that anyone would be looking at them the possibility does exist. Emails to and from you are not encrypted and do become part of your legal record; which can be subpoenaed. Ultimately, the only way to insure your complete confidentiality is to confine all communication to me in the office setting. I do offer video and phone sessions for clients who are long distance. However, neither of these are secured forms of communication and you, the client, assume all risks of confidentiality breaches if you choose one of these forms for your sessions. Finally, I do NOT send or receive texts. Again, by signing this agreement you understand you are assuming all risks for breaches in confidentiality through email, website or phone, or video correspondence.

If you have any questions, or would like additional information, please do not hesitate to ask. I have read the preceding information, it has also been provided verbally and I understand my rights as a client or as the client's responsible party. I have received a copy. (Copies are available on my website: www.nancyharriscoaching.com.)

Client signature (parent or guardian for a minor) Date

Nancy Harris, LCSW, Date