

Michael Martin M.A.M. CHT
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970-946-6398

DISCLOSURE STATEMENT

My degrees are a Master's Degree in Management from Redland's University and a Bachelors' degree in Business from University of Redlands. I am a certified Hypnotherapist through the Turning point hypnotherapy academy and the National Guild of Hypnotists.

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 Registered Psychotherapist 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 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.

- Certified Addiction counselor I (CAC I) must be a high school graduate, and complete required training hours and 1,000 hours of supervised experience.
- Certified Addiction counselor II (CACII) 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.
- Certified Addiction counselor 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 Addition Counselor must have a clinical master's degree and meet the CAC III requirements.
- A licensed Social Worker must hold a masters degree in social work.
- A Psychologist Candidate, a Marriage and Family Therapist Candidate, and Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.
- 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.

Client Information

At any time you may ask about the methods of therapy, techniques I use, duration of your therapy, if known, and the fee structure. You may always seek a second opinion from another therapist or terminate therapy at any time. Also, if I feel that I am unable to assist you adequately, I reserve the right to suggest a referral option.

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

Confidentiality

Generally speaking, information provided by a client during therapy sessions is legally confidential and cannot be released without your consent. You should know, however, that there are exceptions to this confidentiality, some of which are listed in sections 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 suspected child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice act (CRS 12-43-101 et seq.) is available at <http://www.dora.state.co.us/mental-health/Statute.pdf>

Fees, Cancellation and Insurance Reimbursement

My fee for services is \$60.00 per one (1) hours session. Unless other arrangements have been made; you are responsible for full payment of the above agreed upon fee at the time of each session. Cash or personal checks are acceptable for payment. When we arrange a session, my time has been scheduled specifically for you. Therefore, I will charge you our agreed upon fee (noted above) for cancellations made less than 48 hours prior to arranged appointment times excluding cases of genuine emergency).

Insurance Coverage

I do not accept insurance.

Telephone Calls and Telephone Sessions

If you need to speak with me between sessions, I will be glad to return your calls. I check my messages frequently throughout the day and usually return calls within a few hours. It's important for you to note that unless other arrangements have been made, I charge for telephone conversations lasting longer than 10 minutes. In case of an emergency, you should call 911 or go to the nearest hospital emergency room. On occasions, if meeting with you in person is not possible, I will be happy to arrange a telephone session with you. My fee for phone sessions is the same as our regular agreed upon fee.

Consultation

It is standard practice and of benefit to you as a client for the psychotherapist you work with to do clinical consultation with other professionals. I do consult with Licensed Mental Health Professionals regarding my caseload, from time to time, for the purposes of accurate and appropriate treatment and overall quality of care. Confidentiality applies to these consultations and I do not provide names or other identifying information unless I obtain a release from you.

If you have any questions at any time or would like additional information, feel free to ask.

By your signature below (please sign both copies, keep one for your files and return the other copy to me), you are indicating that you have read and understood the preceding information, it has been provided to you verbally, and that you understand your rights as a client, and agree to participate in treatment within the guidelines set forth here.

Adolescent Addendum

If your child is in treatment with me and is between the ages of 15 and 18, by your signature below, you agree that I may determine what information, in my professional judgment, is appropriate to be shared with you, the parent or guardian, concerning treatment issues, and what information, in my discretion, will remain confidential between the adolescent and myself.

Client Signature

Date

Client Address

Phone #-Day / Evening

Emergency Contact Name

Phone Number

Parent or Guardian Signature / Relationship

Date

Michael Martin, MA, CHT Signature

Date