

Debi Circle, M.A.  
Psychotherapist  
7578 South Jasmine Way  
Centennial, CO 80112  
(303) 514-4732

---

## Disclosure Statement

### DISCLOSURE STATEMENT AND AGREEMENT

Welcome to my counseling practice! I want to share some information with you about my practice.

**CREDENTIALS:** I am a registered psychotherapist/counselor in the state of Colorado. This means I have obtained my *Master's in Arts* in Counseling and I am registered with the Department of Regulatory Agency (DORA). My supervisor is Joan Reiger and her phone number is (303) 548-6901, should you have any questions or concerns.

My areas of interest and training have included (but are not limited to) attachment issues, shame, trauma (physical, sexual, divorce, death), grief and loss, adolescents/adults struggling with relationship issues, identity and self-esteem, parenting struggles, depression, anxiety, divorce and NDE.

**THERAPUETIC APPROACH:** Therapy is an interactive relationship between the client and the therapist. In my opinion, the most important therapeutic technique is the connection between the client and therapist, to develop safety and trust. I want to develop this trusting relationship with you, in order for therapy to be most effective. My treatment approach consists of a combination and integration of several techniques. This eclectic approach, selects what is valid or useful from all available theories, methods and techniques. It is not just one school of thought, but rather I take contributions from many different sources, matching the most suitable clinical methods to your specific needs. My primary theory is Rogerian Client Centered theory and Gestalt, but I also use others and I can tell you more about these approaches, if you would like.

**NON-DISCRIMINATION STATEMENT:** It is my intention to practice in a non-discriminatory approach in providing services to you. This includes race, religion, cultural, health, spiritually, age, gender, sexual orientation, or socio-economic status. I acknowledge my perspective may be limited at times, and would welcome the opportunity to learn and understand how any of these have impacted you in

your life's journey.

**LENGTH AND FREQUENCY OF TREATMENT:** It is my policy to provide an initial 30-minute free consultation with you to meet you and help evaluate if I would be the most appropriate counselor to work with you. It also gives you the opportunity to meet me and ask any questions you might have and for you to get a sense of the client-therapist connection. There is not a formula or science to determine how long you will need counseling for your goals to be reached. It often depends on if you are coming in to work on one specific area of concern or if other issues get brought up along the way. We can talk about this. Generally, I see clients once a week for a few months, and as healing takes place, we can set appointments biweekly.

There are risks and benefits that come with any therapy. As we address and talk about some of the wounded areas of your life, it stirs up emotions that have been kept at bay. These may include depression, anxiety, sadness, frustration or anger. As we continue, it is my hope that the side effects of opening these wounds will lessen, as we work together. You can always seek a second opinion from another therapist, or terminate therapy at any time.

**DEGREE OF CONFIDENTIALITY:** The content of our therapy sessions provided by you is generally legally confidential. This means that as your therapist I cannot be forced to disclose the information without your consent, with the following exceptions (which are listed in the CO Statues C.R.S. 12-43-218): *supervision* as a registered psychotherapist, it is in your best interest and mine to seek knowledge and insights from a licensed practicing counselor (LPC). Joan Reiger is bound by the same confidentiality laws and rules as I am. As my supervisor, we will review your case using your first name only and any information necessary needed to provide an understanding of your situation. This helps me to provide to you the highest quality treatment. I also may from time to time consult with other colleagues about your particular situation, without using your name. They are bound by the same confidentiality laws. *Other reasons for breaching confidentiality* include: 1) if I have reason to believe that you may cause bodily harm to yourself or others, in which case I have the legal responsibility to report it to the authorities and/or the person in danger, 2) if you report to me knowledge of abuse or neglect of a child/minor, elderly person or disabled individual, I am required to notify Social Services, 3) if I am court ordered to disclose information, 4) if you direct me *with a written and signed release form* permitting me to talk with others about your case, 5) if you file an official grievance complaint to the grievance board or a lawsuit, 6) clerical persons used by me may have limited confidential information used solely for administrative

purposes, 7) when I am unavailable due to extended illness or vacation, I may ask another therapist to cover for my calls. I will limit the information about you to only what is relevant for an emergency, 8) if I am unable to collect our agreed upon fee, I may send your name and address to a collection agency.

**POLICIES AND PROCEDURES:** Each session will run for approximately 60 minutes. It is important that you arrive to each session promptly. If you are going to be late, I'd appreciate a telephone call. If you are more than 15 minutes late, we may have to reschedule and you will be charged for the missed session. I hope you will give me the same consideration, if I am late. Please wait for 15 minutes, if I have not arrived then feel free to leave and I will call to reschedule. I will then provide the next session without charge to you. I will make every attempt to be on time to our appointments. Weekly participation has been shown to have the most impact. Therefore, I encourage you to try to keep each appointment with regularity. If there is reason to cancel your appointment (i.e. work, school, unforeseeable schedule conflict), please call within 24 hours of the appointment with no charge. *If you miss an appointment without calling, or it is cancelled with less than 24 hours notice, you will be charged for the full amount.* Likewise, if I miss an appointment without calling you, I will not charge you for the next appointment. I do make every effort to meet with you, because our time is important to me. I hope you will make our time a priority for you and make every effort to keep our scheduled time.

My fee is \$100.00/individual session. Group therapy and marriage counseling will be slightly different. I do not take insurance coverage or reimbursement. I can provide you with a statement for your out of network provider for your insurance company or your flexible spend account. I do offer sliding scale for a portion of my clients. Please feel free to discuss your needs with me.

**EMERGENCIES:** I do not provide 24-hour coverage. I do carry a cell phone (303) 514-4732 and will be available to talk by phone and/or return messages. I cannot guarantee security of text messages or email responses. I check my messages throughout the day and will make every attempt to call you within 24 hours. If you hope to hear from me sooner, please state so on the message. If there is an emergency, please call your local emergency hot line, found in the front of the telephone book, or call 911.

**CLIENT RIGHTS:** You have the right to ask me questions about my qualifications, the progress of your therapy, to obtain referrals from me and to terminate, at any time. You also need to know sexual intimacy is *never* appropriate

in the counseling relationship, and should be reported to the Colorado State Department of Regulatory Agencies (DORA), at 1560 Broadway, Suite 1370, Denver, Colorado 80202, (303) 894-7766. If you are not satisfied with my services, please let me know, so we can try to resolve them together. However, if you feel I have violated the Mental Health statute, you may report your complaints to the Grievance Board.

I have read the above information, I understand my rights and responsibilities, and I accept the above information.

---

Client Signature

---

Date

---

Client Name (printed)

---

Therapist Signature

---

Date