

TEOCALLI TREATMENT OPTIONS, LLC

123 W. Tomichi Ave., Suite 6, Gunnison, CO 81230

Heather C. Peterson, MA, LAC

MANDATORY DISCLOSURE STATEMENT

Teocalli Treatment Options is a Limited Liability Company providing behavioral health services including substance use disorder and mental health treatment. The counselor is:

Heather C. Peterson, MA, LAC. Ms. Peterson earned her Master of Arts degree in Forensic Psychology from The University of Denver - Graduate School of Professional Psychology and is credentialed in Colorado as a Licensed Addiction Counselor. License #334. She has over five years work experience in the field of addiction counseling and uses a cognitive behavioral approach to treatment.

The practice of registered, certified or licensed persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. Questions and complaints regarding addiction counselors may be addressed to:

Board of Addiction Counselor Examiners
1560 Broadway, Ste. 1350, Denver, CO 80202
303-894-7800

The Division of Behavioral Health has the general responsibility for regulating practices of licensed substance use disorder treatment programs in the State of Colorado. Questions and complaints may be directed to:

Colorado Department of Human Services, Division of Behavioral Health
3824 W. Princeton Circle, Denver, CO 80236
(303) 866-7400

The regulatory requirements applicable to mental health professionals are as follows:

- **Licensed Addiction Counselor must have a clinical Master's degree, meet the CAC III requirements, and pass a national examination in addiction treatment.**

CLIENT RIGHTS

- You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy (if known) and the fee structure.
- You can seek a second opinion from another therapist or terminate therapy at any time.
- In a professional relationship, sexual intimacy is never appropriate and should be reported to the Board that registers, certifies or licenses the registrant, certificate holder or licensee.
- **Initials:** _____

Confidentiality:

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. There are exceptions to this confidentiality, some of which are listed in Section 12-43-218 of the Colorado Revised Statutes and the HIPAA Notice of Provider Privacy Practices, as well as other exceptions in Colorado and federal law. If a legal exception to confidentiality arises during therapy, if feasible, you will be informed accordingly.

Please note that alcohol and/or drug treatment records are protected under the Federal Confidentiality Regulation, 42 C. F. R., Part 2, governing Confidentiality of Alcohol and Drug Abuse Patient Records. Confidential information cannot be disclosed without written permission unless otherwise provided for by the regulations. Exceptions to confidentiality may also be found in the HIPPA Notice of Privacy Rights.

These exceptions include situations involving an assessment that the client is an imminent danger to self or others, or gravely disabled. If I suspect that someone is abusing or neglecting a child or elder, I am required by law to report it. These exceptions require that I contact appropriate persons such as family members, your psychiatrist/physician, law enforcement, social services, and/or the specific person you are threatening to harm (if applicable).

In addition, you should be aware I might consult with colleagues or appropriate professionals, such as an attorney, during the course of your treatment should the need arise. Your confidentiality is still protected during any such consultation.

Confidentiality cannot be assured when using cell phones, emails, or fax as modes of communication with me. By using these means of communication, you are giving me permission to contact you in a similar manner and are releasing me from any breach of confidentiality that may occur in the process. However, every effort will be made to ensure your confidentiality remains intact if communication occurs by these methods.

I have read the preceding information, it has been provided to me verbally, and I understand my rights as a client or as the client's responsible party.

Initials: _____

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CONSENT TO TREATMENT

As the client, I have read the preceding information, understand my rights as a client and have been given the opportunity to ask any questions regarding the above statements. By initialing at the end of this paragraph and signing below, I acknowledge my understanding of, and agreement to, all of the information contained in this document and thereby, consent to treatment with Heather C. Peterson, MA, LAC, Teocalli Treatment Options, LLC.

Initials: _____

Print Client Name

Client Signature or Responsible Party's Signature

Date

Witness Signature

Date