



Catherine S. Tilford, MA, NCC, LPC

Mandatory Disclosure Statement and Consent for Counseling Services

About Catherine

I earned a Master's degree in Counseling Psychology Counseling Education from the University of Colorado Denver and a Bachelor's degree in Psychology from Colorado Mesa University. I am a Licensed Professional Counselor (#0011573) in the State of Colorado and a Nationally Certified Counselor (#277209). Through counseling, I strive to support you in your desire to live a personally meaningful and fulfilling life by providing a safe space for you to explore your experiences and the problem or reason for which you are seeking therapy.

Welcome to Counseling

The counseling experience is one of exploration, change, and growth. During this process, you may experience feelings related to pain and anxiety. This is part of the process. These feelings may lead to changes that may cause disruptions in your life. The role of the therapist is to guide and facilitate your growth and change in a supportive, non-judgmental, and empathetic environment. Counseling begins with an initial intake and assessment during which you will establish goals of treatment. These goals will be re-evaluated to determine your progress throughout the therapeutic process.

Length, Duration, Frequency, and Termination of Psychotherapy

A counseling session is 50 minutes in length. The duration of therapy varies based on several factors, including the presenting problem/s, goals, and therapeutic process. In my experience, counseling generally lasts a minimum of 8-10 sessions and can exceed a year or more. The frequency of counseling is generally once per week and sometimes can be spaced out depending on your needs and progress. Initially, I request that we meet weekly for the first month to facilitate the therapeutic process. The decision to terminate counseling or seek a second opinion is your decision, at any time. I request, if possible, that you share your decision to terminate with me. After termination, you are welcome to return to counseling or contact me for resources or referrals at any time. Please feel free to discuss any questions or concerns about counseling length, duration, frequency, or termination with me in session.

Limits of Care and Supervision/Consultation

I am not able to provide 24 hour care and emergency care. Therefore, the appropriate referrals are given to individuals in need of more intensive treatment. Some services may be requested that are beyond the scope of services I provide and in these cases referrals will be provided to other agencies/professionals. In the event of an emergency, contact your local mental health center or emergency room, or call the COMITIS Helpline at 303.343.9890, Denver Health Medical Center at 303.436.6000, or 911.

To continue my growth as a professional, I seek consultation with other counseling professionals regarding my practice and caseload. These professionals are held to the same ethical and legal standards as I am, and I will only share information about cases that are pertinent to ethical or professional concerns. All personal identifying information is omitted.

Explanation of the Levels of Regulation Applicable to Mental Health Professionals

As to the regulatory requirements applicable to mental health professionals: 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. A Licensed Social Worker must hold a masters degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the (p)303.720.9424 1333 W. 120th Avenue, Ste. 218, Denver CO 80234 (f)303.469.1589

process of completing the required supervision for licensure. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience. A CAC II 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. A Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

Email, Social Media, and Electronic Communication

Please be aware that I cannot guarantee confidentiality via email nor any other means of electronic communication. Please limit communication via email to non-clinical information (i.e. scheduling requests, appointment questions, etc.) Due to professional ethical guidelines, I cannot provide counseling over email nor can I accept any social media friend requests (i.e. Facebook, LinkedIn). You may like my business page Embrace Strength Counseling, Inc. on Facebook or follow me on Twitter @EmbraceStrength where I post information and resources. Please know that information posted on social media sites should not be considered a substitute for therapy and social media communication is not confidential.

Record Keeping

To meet the standards of care within the counseling profession, I maintain records related to your treatment. These records include progress notes that contain information related to our sessions and treatment plans. Please be aware that you must sign a release of information to transfer records.

Client(s) Rights

- You are entitled to information about methods of therapy, duration of therapy, and fee structure.
- You have the right to seek a second opinion.
- You have the right to terminate counseling at any time without any obligation.
- You have the right to access your files or release any part of your records to any person. At any time, I am happy to review information contained in your file with you.
- You have the right to refuse any treatment. As part of your therapeutic process, I will support and discuss any alternatives.

Confidentiality

- Counseling sessions are confidential. Information will not be released without your written consent.
- Colorado Confidentiality Statute
"C.R.S. § 12-43-218 (1) provides that licensed psychologists, clinical social workers, marriage and family therapists, licensed professional counselors, certified school psychologists, and unlicensed psychotherapists shall not disclose, without the consent of the client, any confidential communications made by the client, or any advice give, in the course of professional employment.."

Exceptions to Confidentiality

Certain information may be released without your authorization under the following circumstances:

1. If there is reason to believe that a child, elderly person, or person with a disability is being abused or that abuse has occurred.
2. When danger to self or others (such as a threat or serious bodily harm) requires disclosure.
3. In the event of a medical emergency.
4. Upon receipt of a court order.
5. Or as otherwise required by state law.

Inappropriate Relationships

In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant, or certificate holder. The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Section of the Division of Registrations. The State Board of Registered Psychotherapists can be contacted at 1560 Broadway, Suite #1340, Denver, Co. 80202.

Consent to Evaluation/Treatment:

I hereby consent to evaluation, treatment, or other services offered to me by Embrace Strength Counseling, Inc. I acknowledge that no guarantees can be made to me as to the results of treatment. I understand that Catherine S. Tilford, MA, NCC, LPC may need to contact others on a need to know basis in the event that an exception to confidentiality occurs. By signing this form I acknowledge that I have read the preceding information, it has also been provided verbally, and I understand my rights as a client, its contents, agree to its terms, and have received a copy.

Client Name (Please Print)

Client/Parent/Guardian Signature

Date

Second Client Name (Please Print)

Client/Parent/Guardian Signature

Date

Counselor Signature (Catherine S. Tilford, MA, NCC, LPC)

Date