



Steamboat Springs Therapy LLC

William Hambleton Bishop
LPC, LMFT, AAMFT Approved Supervisor

SteamboatSpringsTherapist@gmail.com

(303) 718 7292

www.SteamboatSpringsTherapy.com

DISCLOSURE STATEMENT

CREDENTIALS

I am a Licensed Professional Counselor and a Licensed Marriage and Family Therapist. I hold a Bachelor's degree in Psychology from the University of Colorado at Boulder, a Master's Degree in Clinical Counseling from the University of Northern Colorado, and an AAMFT approved certificate in Marriage and Family Therapy from the Denver Family Institute. I have been in mental health since 2003, in the practice of psychotherapy since 2008, and have conducted clinical psychotherapy supervision and instruction since 2012.

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 regulatory boards can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. The regulatory requirements for mental health professionals provide that 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-doctorial 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 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 bachelors 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 masters degree and meet the CAC III requirements. A Registered Psychotherapist is 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.

CLIENT RIGHTS AND IMPORTANT INFORMATION

1. You are **entitled to receive information** from me about my methods of therapy, the techniques I use, and the duration of your therapy, and my fee. Please ask if you would like to receive this information.
2. You can seek a second opinion from another therapist or **terminate therapy at any time**.
3. In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Board that licenses, certifies or registers the therapist.
4. Generally speaking, **information provided** by and to a client in a professional relationship with a psychotherapist **is legally confidential**, and the therapist cannot disclose the information without the client's consent. Though all efforts are being taken to protect email, voicemail, and other electronic communication, it is understood that the only truly confidential means of communication is face to face in the therapy room.
5. There are several **exceptions to confidentiality** which include:
 - a. (1) I am required to report any suspected incident of **child abuse** or neglect to law enforcement;
 - b. (2) I am required to report any **threat of imminent physical harm** by a client to law enforcement and to the person(s) threatened;
 - c. (3) I am required to initiate a mental health evaluation of a client who is **imminently dangerous to self or to others**, or who is gravely disabled, as a result of a mental disorder; And if a threat is immanent I am required to contact additional support services such as the ER or law enforcement personnel.



Steamboat Springs Therapy LLC

- d. (4) I am required to report **any suspected threat to national security** to federal officials; and
 - e. (5) I may be required by **Court Order** to disclose treatment information.
6. When I am concerned about a client’s safety, it is my policy to request a **Welfare Check** through local law enforcement. In doing so, I may disclose to law enforcement officers information concerning my concerns.
 7. Under Colorado law, C.R.S. § 14-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information.
 8. If you request treatment information from me you agree that **I may provide you with a treatment summary, as opposed to individual session notes**, in compliance with Colorado law and HIPAA Standards. I do not release session notes as they are not interpretable by anyone but myself.
 9. **I do not provide 24 hour emergency services** and often I am in areas without phone service. By signing this document you agree to take all steps necessary, including dialing 911, if an emergency arises and you understand that my practice offers a level of care that is not suitable for a person needing on-call assistance.
 10. Clients agree to give me **24 hour notice if they plan on canceling a session** and agree to pay my full fee if they cancel with less than 24 hours of notice.

DISCLOSURE REGARDING DIVORCE, CUSTODY or any other LITIGATION

If you are involved in divorce, custody, or other litigation, **my role as a therapist is not to make recommendations to the court concerning custody, mental health status, parenting ability, or any other assessment.** By signing this Disclosure Statement, you agree not to subpoena me to the courts for testimony or for disclosure of treatment information; and you agree **not to request that I write any reports to the court** or to your attorney, making recommendations which would influence any legal decisions. The court can appoint professionals, who has no prior relationship with family members, to conduct an investigation or evaluation and to make recommendations to the court concerning mental health status, parental responsibilities or parenting time etc. If I should be called to court or asked to prepare documents for legal reasons my fee is \$500 per hour (all correspondence and travel time will be billed).

I have read the preceding information, and it has been presented to me verbally. I understand the disclosures that have been made to me. I also acknowledge that I have received a copy of this Disclosure Statement.

Print Client’s Name(s)

Client Signature(s) or Responsible Party(s):

Date _____

Therapist: _____