



CLIENT INFORMATION FORM

Date _____ Client's Name _____ D.O.B. _____

Address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____

Email Address _____

In case of an emergency, whom may we contact? _____

Employer/School _____ Who referred you to us? _____

Have you had previous counseling? _____ If yes, with whom? _____

My goals for therapy are? _____

I understand that I am financially responsible today for all charges or services provided to me. I realize that if I do not give 24-hour notice prior to cancellation of appointment, I will be fully charged for this appointment. The ongoing fee for services is \$105.00 per session. Your credit card statement will read "D. Ernst Counseling."

Confidentiality is limited by Colorado Law in the area of planning a suicide, homicide or specific reporting of committing child sexual abuse.

If you are involved in a divorce or custody litigation, you need to understand that my role as a therapist is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in the litigation. By signing this disclosure statement, you agree not to call me as a witness in any such litigation. Only court-appointed experts, investigators, or evaluators can make recommendations.

I understand in a marriage counseling session or 3 or 5 Day Intensive, the marriage is the client. All individual times are collateral sessions intended to facilitate the understanding of the marriage. Therefore no insurance can be billed for individual therapy sessions since the marriage is the client. Any future individual time with David Ernst is also understood to be collateral to the marriage and is not considered individual counseling or therapy.

I understand that no materials are required for therapy or ongoing treatment. If I elect to purchase any materials, I do so without influence or coercion from David Ernst. Also, no statements will be provided for insurance and no insurance billing will be provided.

If an ongoing therapeutic relationship is established it is expected that a face to face visit would occur. By signing this, I accept full responsibility for future face to face visits. Also, I understand that no recording of sessions is ever permitted and is illegal in most cases without consent. I acknowledge I am not recording, in any manner, my sessions with David Ernst.

I understand that in some circumstances my case may be discussed with other therapists, who provide services within the center, in order to provide the best therapeutic experience for me.

SIGNATURE

DATE

DISCLOSURE STATEMENT

Therapist Name

David Ernst MA., LPC
720 Elkton Dr.,
Colorado Springs, CO 80907

Degrees/Credentials

- Master of Arts in Counseling, Colorado Christian University
- Bachelor of Theology, Biblical Counseling, Nazarene Bible College
- Pre & Marital Counseling, Prepare and Enrich

Client's Rights and Important Information required by the Board of Licensing:

- a. The practice of licensed or registered person in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Professional Counselors and the Board of Psychologists Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado, 80202, 303-894-7800. As to regulatory requirements applicable to mental health professionals: (1) 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. (2) Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience. (3) Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience. (4) Certified Addiction Counselor III (CAC III) must have a bachelors degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience. (5) Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements. (6) Licensed Social Worker must hold a masters degree in social work. (7) 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. (8) Licensed Clinical Social Work, 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. (9) A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.
- b. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. Please ask if you would like to receive this information.
- c. You can seek a second opinion from another therapist or terminate therapy at any time.
- d. 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 State Grievance Board. The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, certified school psychologists, and unlicensed individuals who practice psychotherapy. The agency within the Department that has the responsibility specifically for licensed and unlicensed psychotherapists is the State Grievance Board, 1560 Broadway, Suite #1370, Denver, Colorado, 80202, 303-894-7766.
- e. Generally speaking, the information provided by and to a client during therapy session is legally confidential if the therapist is licensed. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent. Information disclosed to me is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates. There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes. You should be aware that legal confidentiality does not apply in a criminal or delinquency proceeding. There are other exceptions which include: 1) If I am required to report suspected child abuse or neglect to the appropriate law enforcement agency; 2) If I receive information from a client concerning a serious threat in imminent physical violence against a specific person, I must inform that person of the threat, and also notify law enforcement authorities; 3) I am required to initiate a mental health evaluation of a client who is dangerous to self or others, or who is gravely disabled, as a result of mental disorder; and 4) I am required to report any suspected threat to national security to federal officials.
- f. In order to keep our relationship professional, please do not give me any gifts, however small.
- g. Should you discontinue therapy for more than 45 days, your treatment will be considered "terminated" and no longer a client of David Ernst. You may resume therapy anytime after such day. This disclosure statement will remain in effect should you resume therapy and you may be asked to provide additional information to update your client records.
- h. I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client's responsible party. I also acknowledge that I have received a copy upon request of this Disclosure Statement.
- i. My records will be kept for 7 years after treatment ends or following our last session. After 7 years these records will be destroyed.

Date

Client Signature

Therapist Signature

Witness Initials