

# Marcela Ot'alora G., LPC

## Aguazul-Bluewater, Inc.

### MANDATORY DISCLOSURE STATEMENT, PATIENT CONSENT, & OFFICE POLICIES

In order to give you the best service, and to meet the legal requirements of the state of Colorado (C.R.S. 12-43-214), this document provides you with information about me, the practice of psychotherapy, and your rights as my client.

#### **Credentials and License:**

I have a Masters in Transpersonal Psychology from Naropa University in Boulder, Colorado. I have practiced psychotherapy in mental health agencies, schools, and private settings. I am Licensed in Colorado as a Professional Counselor (LPC) (# 3750). Contact information is listed above and below.

#### **Complaints and Grievances:**

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 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 registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

Questions, concerns, or complaints may be addressed to: Colorado State Grievance Board, 1560 Broadway, Suite 1340, Denver, Colorado 80202, 303.894.7766.

#### **Your Rights As A Client:**

- You are entitled to receive information about my methods of therapy, the techniques used, and the duration of your (or your child's) therapy, if known. Please ask if you would like to receive this information.
- You may seek a second opinion from another therapist or may terminate therapy at any time.
- In a professional relationship, sexual intimacy is NEVER appropriate and should be reported to the Colorado State Grievance Board as listed above.

#### **Confidentiality:**

Any information that you provide during the course of evaluation or treatment is strictly confidential and legally protected "privileged communication." As such, I will not release information to any other person or agency without your consent and knowledge, except as provided in section 12.43.218CRS and as follows:

- If I am directed by a judge in a court of law to reveal information, I am obligated to comply.
- If I acquire knowledge or suspicion of abuse of a child or dependent adult, I am legally required to report my knowledge or suspicion to the appropriate authorities.
- If I believe that you are an imminent danger to yourself, I am required by law to take action to protect you. This may include psychiatric hospitalization and/or notifying the police or a loved one of your circumstances.
- If I believe that you are a serious and imminent threat to another person, I have a legal duty to warn that person and/or notify the police.
- If you fail to pay your bill and decline to make arrangements with me to pay an outstanding balance, I reserve the right to employ a collection agency.
- I may consult with other mental health professionals, without disclosing your identity, in order to provide you with the best possible care. Any individual with whom I consult will be a licensed professional who is bound by the same laws of confidentiality that bind me.

I will review these during our first session.

#### **Fee Structure:**

- Payment is due at the end of each session unless other arrangements are made. I accept cash, checks, money orders and credit cards.

**OFFICE: 1844 PEARL STREET • BOULDER, CO 80302**  
**CORRESPONDENCE: 611 DEWEY AVENUE, • BOULDER, CO 80304**  
**TELEPHONE: 303.818.1419 • FAX: 303.494.5240**

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- I have a 24 hour notice cancelation policy. Unless you have an emergency or sudden illness, payment for a missed session is due in full at the next appointment if 24 hour notice is not given.
- My sessions are 55 minutes for individuals and 85 minutes for couples and families.
- I do not offer billing services for insurance and do not participate with any insurance panels.
- If you have out-of-network benefits and would like to file for reimbursement, I will be happy to provide you with the information that you will need (e.g., diagnosis, billing code, dates of service) in the form of a monthly invoice.
- I will review my fee structure during our initial session.

### Communication between sessions:

- I check messages regularly throughout the day and it is important to me to return calls promptly. Please note that I do *not* guarantee 24-hour coverage and, during the day, I will not return calls when I am in session with other patients. If you cannot wait for my return call you can call the 24 hour crisis line operated by the Boulder County Mental Health Center (Adults – 303.447.1665, Children – 303.413.6388), or you can call 911 or go to your local emergency room.
- If I am **out of town** and unavailable for calls, the outgoing message on my phone will instruct you to call another qualified professional who has agreed to take calls for me.

**I have read and understand the preceding information and understand my rights as a client.**

**Client's Name and Signature:** \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian signature for clients under 18 years of age)

**Therapist's signature:** \_\_\_\_\_ Date \_\_\_\_\_