



**MANN**  
COUNSELING GROUP

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## **INDIVIDUAL DISCLOSURE STATEMENT AND CONSENT FORM**

### **I. Degrees**

Westmont College (1993); Bachelor of Arts, Cum Laude

Fields of study: sociology major, English Literature minor

Columbia University (1997); Master of Science in Social Work

Fields of study: family and children and mental health; program planning and supervision

### **II. Certification and Training**

License in Clinical Social Work, license number 992561

Training: EMDR, Eye Movement Desensitization and Reprocessing, Level I & II and Advanced

Training, Brainspotting (Level I Training), Meridian Tapping, Attachment EMDR, Stress Resilience;

Probiotics, Amino Acids & Mental Health

## **GENERAL DISCLOSURE**

- The Colorado Department of Regulatory agencies has the responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors and all **NONLICENSED INDIVIDUALS WHO PRACTICE PSYCHOTHERAPY**. The agencies within the department that have special responsibility: **STATE GRIEVANCE BOARD**, 1560 Broadway, Denver 80202; (303) 894-7766
- You, as my client, are entitled to receive any 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 me if you would like to receive this information.
- **YOU MAY SEEK A SECOND OPINION FROM ANOTHER THERAPIST OR TERMINATE THERAPY AT ANY TIME.** In a professional relationship (such as ours), **SEXUAL INTIMACY BETWEEN A THERAPIST AND A CLIENT IS NEVER APPROPRIATE!** If such occurs, it should be immediately reported to the Grievance Board.
- According to Mental Health Practice Act, section 12-43-224(1)(a), you may request access to your records or summaries of your records up to seven years post termination of the therapeutic relationship.
- Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the psychotherapist is licensed, certified, pastoral and unlicensed. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent. There are also exceptions to the general rules of confidentiality, particularly in the case of threat to harm to self or others, in child abuse issues, in some cases of child custody matters as well as in some criminal and delinquency proceedings. Other exemptions may be listed in the Colorado statute, section 12-43-218 CRS-1998. You will be informed if, in my judgment, any matter may need to be disclosed to proper authorities.
- I understand that Mary Ellen Mann is mandated to report any suspicion of potential child abuse or neglect against a minor. I understand that should a report be made against me Mary Ellen Mann is immune to any charges of violating confidentiality and is free to recommend further action for the protection of the minor.

- In the case of insurance or other third party billing, it will become necessary to provide a diagnosis code in order to receive payment. These codes could be disclosed improperly by the insurance company and perhaps become a problem to you at a later date. **Please initial** \_\_\_\_\_
- In the event that I am working with a minor (according to the AMA, a minor is 16 years old) who requires somatic therapy, including but not limited to Eye Movement Desensitization & Reprocessing (EMDR), Brainspotting, or Meridian Tapping, I accept that intervention for my child. **Please initial** \_\_\_\_\_
- In the event that the clinical dynamic is untenable for either client or practitioner, practitioner agrees to provide alternative options for client. **Please initial** \_\_\_\_\_

**Fees are due at the time of service.**

**Please note the following conditions and initial where indicated.**

- I understand that the fee structure is \$130 for a 45 minute session and \$150 for a 60 minute session.  
**Please initial** \_\_\_\_\_
- If there are email or phone consultations lasting over 10 minutes, there will be an additional charge prorated at the rate of the hourly fee. **Please initial** \_\_\_\_\_
- If there is need to travel to a location outside of the office in relation to your case, there will be a charge at the same hourly rate for that drive time. **Please initial** \_\_\_\_\_
- Should therapist, Mary Ellen Mann, be subpoenaed to testify in court, I understand that the fee is \$200.00 per hour for all services such as driving, report writing, appearance in court, phone consultations and any additional time spent on the case.  
**Please initial** \_\_\_\_\_
- If therapist, Mary Ellen Mann, has agreed to file Aetna claims, it is understood that Mary Ellen Mann will be collecting full payment of her fee \$130 (45 minute session) or \$150 (60 minute session) at the time of the session. If there is payment from Aetna for the claims submitted, Mary Ellen Mann will reissue a payment for the paid amount. **Please initial** \_\_\_\_\_

**Cancellations and Missed Appointments**

- Although it may be necessary to cancel appointments, please make cancellations within 48 hours in advance of your appointment. If a cancellation is not made by contacting me at 303.881.0854 via text or cancelling at the appropriate time on my online calendar via Schedulicity (as noted in the client registration), there will be a full fee applied.
- Please note the Credit Card Cancellation Form and the Client Registration Form for further details.

**Please note that I only accept cancellations via Schedulicity (by going to [www.manncounselinggroup.com](http://www.manncounselinggroup.com)) or via text to my number at 303.881.0854.**

- ATTESTING THAT I UNDERSTAND THE ABOVE AND AGREE TO THERAPY UNDER THE ABOVE LIST OF DISCLOSURES I HAVE SIGNED BELOW:

Client (or guardian, if client is a minor) Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_