

Sharon P. Austin, Psy.D.

Clinical Psychologist

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DISCLOSURE STATEMENT

What follows is information I would like you to have about me as your therapist. Please read and sign your name on the reverse side.

I have a Doctorate in Clinical Psychology (PsyD), from the University of Denver (1995) and have been licensed in Colorado since January 1997 (# 2113). My current trainings, certifications, and memberships include:

- Level III PACT (Couples Therapy training)
- Certified Gestalt Equine Assisted Psychotherapist (2-yr training program, Gestalt Equine Institute of the Rockies)
- Level II Sensorimotor Psychotherapy (6-month Trauma training & 15-month Developmental Trauma training)
- Member of American Psychological Association (APA), Division 38 Health Psychology and the United States Association for Body Psychotherapy (USABP).
- Volunteer for Colorado Tick-Borne Disease Awareness Association (COTBDAA) and an Ambassador for Global Lyme Alliance (GLA)

Client Rights and Important Information

- You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of therapy (if I can determine it), and my fee structure. Please ask if you would like to receive this information.
- You can seek a second opinion from another therapist or terminate therapy at anytime.
- Sexual intimacy between a client and therapist is not a part of recognized counseling and is illegal in Colorado. If it occurs, it should be reported to the Grievance Board.
- Any questions, concerns, or complaints regarding the practice of mental health services may be directed to:

Mental Health Grievance Board/CO DORA
1560 Broadway, Suite 1350
Denver, Colorado 80202
Telephone: (303) 894-7800

Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed psychologist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.

There are exceptions to the general rule of confidentiality. They are:

- If I suspect child abuse
- If I believe I must take action to prevent harm to you or others
- If I must defend myself in a lawsuit
- If required for insurance reimbursement
- If ordered to do so by court of law

Court Appearances

I no longer will represent anyone in court nor will write reports to be submitted in any legal proceedings.

Emergencies

The practice of private outpatient psychotherapy with adults assumes clients are functioning, self-responsible individuals with legitimate concerns, needs and pain. Private outpatient psychotherapy cannot, by its structure, assume responsibility for day-to-day functioning of its clients in the same way agencies and inpatient institutions can. If you are experiencing an emergency, you may attempt to contact me by following the instructions on my voice mail system. You should be aware, however, that I cannot guarantee availability at all times. In the event that you require immediate assistance when I am unavailable, please refer to the alternative emergency resources listed below.

Alternative Emergency Resources

911 is the 24-hour emergency telephone number for emergencies of all types. Call this number and describe your emergency to the dispatcher, who will direct emergency services to your location if needed.

UC Health Mountain Crest Hospital provides 24-hour emergency care for psychiatric emergencies only at **207-4800** and is located **on Corbett just off of Harmony Road in Fort Collins**. If you have a medical emergency as well:

UC Health Poudre Valley Hospital Emergency Department provides 24-hour emergency care for medical and psychiatric emergencies and is located at **1024 South Lemay Avenue in Fort Collins at 495-7000**.

Electronic communication

Electronic communication via email, text, skype and other means is not a confidential form of communication. By initialing I am agreeing that if I use electronic communication with Dr. Sharon Austin I am fully aware it is not confidential. _____

I have read the preceding information and understand my rights as a client. I agree to all of the above policies and procedures.

Client signature

date