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DISCLOSURE INFORMATION

The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Colorado State Department of Regulatory Agencies. Any questions, concerns or complaints regarding the practice of mental health may be directed to the state board listed below:

Colorado State Grievance Board
1560 Broadway, Suite 1340
Denver, CO 80202
(303) 894-7766

You are entitled to receive information from me about my methods of therapy, the techniques I use, duration of therapy (if known) and my fee structure. You may seek a second opinion from another therapist or may terminate therapy at any time. I do request that if you decide to terminate, you provide at least a week's notice for closure.

You should know that in a professional relationship, sexual intimacy is never appropriate and should be reported immediately to the grievance board.

I affirm people of all gender expressions and gender identities. Please let me know the appropriate gender pronoun to use for you.

Confidentiality: I am bound by confidentiality in the Client-Therapist relationship except in situations where legal requirements take precedence. I am required by law to report child abuse (physical, emotional, sexual, neglect) or intent to harm self or other(s).

Time and Cancellations: All sessions are 50-60 minutes in length and begin at the appointed time. If you are late, you will still be charged full fee. Except in emergencies, cancellations must be made at least 24 hours in advance. Missed appointments are charged at 100% of your regular fee if there is less than 24 hours notice.

Consent to Treat: I have read the preceding information, understand my rights as a client, and voluntarily consent to treatment. I am aware that care and treatment in this area is not an exact science and acknowledge that no guarantees have been made to me regarding the results of evaluation and treatment. I also understand that my case may be discussed in supervision on a first name basis only.

Client Signature: _____ Date: _____

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