Body Appreciation and Self-Kindness, LLC
Kerry R. Luke, Psy.D.- Clinical Psychologist
Mailing Address:
150 Wells Street, Unit 881, Erie, CO 80516
Ph:205-937-2625

Mandatory Disclosure Statement

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www.bodyappreciationandself-kindness.com

Credentials
Bachelor of Arts (B.A.)-Psychology, Ohio University, Athens, Ohio-June, 1997
Master of Arts (M.A.)-Clinical Psychology, Xavier University, Cincinnati, Ohio-August, 2001
Doctor of Psychology (Psy.D.)-Clinical Psychology, Xavier University, Cincinnati, Ohio-August, 2004
Colorado Psychologist -License # 4031

Memberships
American Psychological Association- Member
Colorado Psychological Association- Member

Regulation of Psychotherapy
The practice of both licensed and unlicensed persons and certified or licensed school psychologists in the field of psychotherapy is regulated by the Colorado State Department of Regulatory Agencies (DORA). Those fields that are regulated by DORA include the practice of licensed psychologists, licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, certified and licensed addiction counselors, and unlicensed individuals who practice psychotherapy. The Department of Regulatory Agencies contact information is: Mental Health Section, 1560 Broadway, Suite 1350, Denver, CO 80202, Ph-303-894-7766, www. DORA_MentalHealthBoard@state.co.us

Any questions, concerns or complaints regarding the practice of mental health may be directed to the Colorado Department of Regulatory Agencies, Division of Professions and Occupations 1560 Broadway, Suite 1350, Denver, CO 80202, ph.#-303-894-7800.

As to 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 master's degree in their profession and have two years' post-master's 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 master's degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a 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 bachelor's 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 master's 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.

You are entitled to received information about the methods of assessment, therapy, the techniques used, the duration of therapy (if known), and the fee structure. Please carefully review our financial and procedural policies.

You may seek a second opinion from another mental health provider or terminate therapy services at any time.

In a professional relationship, sexual intimacy is never appropriate and should be reported to the director or board listed above that licenses, registers, certifies the licensee, registrant, or certificate holder at the contact information above.

The information provided by and to a client during therapy is legally confidential, and the therapist cannot be forced to disclose information without the client's consent or 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 this confidentiality, some of which are provided in sections C.R.S. 12-43-218, 18-6.5-108, in the Notice of Privacy Practices you were provided, as well as other exceptions in Colorado and Federal law. If a legal exception arises during therapy, you will be informed accordingly, if feasible. Some exceptions to confidentiality are listed below:

1) You sign a release of information form giving permission for the therapist to provide specified information about your treatment to a particular individual or agency.
2) The therapist reasonably suspects or has proof of child abuse and/or neglect.
3) The therapist reasonably suspects or has proof of abuse, neglect, and/or exploitation of at-risk adults, including individuals with intellectual or developmental disabilities, and/or elderly individuals.
4) You are in imminent danger of harming yourself and/or others, including those identifiable by their association with a specific location or entity. In this situation, your

therapist is required to disclose such information to the appropriate authorities and/or to warn the party, location, or entity you have threatened.

5) Therapist testimony is subpoenaed in a court case or court ordered by a judge.
6) You file a suit or grievance against the therapist.
7) The therapist is being reviewed by the Mental Health Section of the Division of Registrations.
8) Your record is chosen for audit by your insurance provider.

Children ages 15 and older can consent to treatment on their own. Parents may learn about the general progress of therapy, but not specific individual contents of the sessions as it is protected by law. For minors fifteen (15) years of age or older, it is at the therapist's discretion to advise parents of the services given or needed by the minor.

Body Appreciation and Self-Kindness, LLC does not work with a third party "outside" biller. All paperwork will be stored in a locked, fireproof container, in the therapist's office, which is only accessible by Body Appreciation and Self-Kindness, LLC.

There may be times when your therapist at Body Appreciation and Self-Kindness, LLC needs to consult with a colleague or other professionals to aid in your care, when it is necessary. The minimum amount of information will be shared and protected health information will be excluded from that disclosure. Signing this form gives your therapist the right to consult as needed. When communication must include protected health information, you will be asked to sign an Authorization to Release Information so your therapist can communicate with other individuals, health providers, other professionals excluding an attorney retained by your therapist.

Body Appreciation and Self-Kindness, LLC is an outpatient private practice and does not provide psychiatric crises/emergency services. In the event of an emergency, please call 911, Colorado Crisis Services at 1-844-493-TALK (8255), or present yourself to your nearest emergency room. If you seek crisis services from any clinic, hospital, provider, you are responsible for all fees incurred.

If your needs are outside the scope of my expertise and practice, I am ethically and legally required to terminate services, consult, or refer to another provider.

If your therapist becomes disabled, is away on an extended leave of absence or dies, there will be a Mental Health Designee (assigned by Body Appreciation and Self-Kindness, LLC) who will have access to your mental health records. This person will reach out to you to help there be the least amount of disruption to your care. While it is not expected that you will start therapy services with the Mental Health Designee, this person can provide appropriate referrals and transfer records to help with continuity of care.

Even though confidentiality extends to electronic communication, Body Appreciation and Self-Kindness, LLC cannot guarantee that the communication will be kept confidential or not

compromised by a third party. Email and text may not be used for any clinical information, including emergencies.

If you have questions or would like more information, please ask at any time.

I have read the preceding information and it has also been provided verbally if I am unable to read or have no written language. I understand my rights as a client or parent of a client. By signing below, I acknowledge my understanding and agree to all the terms discussed in this disclosure statement. I also affirm, by signing this form, that I am the legal guardian and/or custodial parent with legal right to consent to treatment for any minor child or children for whom I am requesting psychotherapy services.

_____	_____
Client Printed Name	Date
_____	_____
Client or Parent/Guardian Signature	Date
_____	_____
2nd Parent/Guardian Signature	Date
_____	_____
Therapist's Signature	Date