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**(303) 809-2543**

Welcome to my counseling and psychotherapy practice. I look forward to working with you.

My focus is in helping you to make change in the areas you identify, and I am flexible in my approach in response to your direction. In my therapy, I seek to understand you and your concerns by active listening with empathy and compassion. I think that change and growth occur within a relationship, and that it is the therapeutic relationship which enables people to find their own ways through anxieties, depression, fears, confusion, abuse, relationship, and life changes. I often work from a developmental perspective to help people change the meaning of their past in their current lives. I am a licensed clinical social worker with eight years of experience in the field of psychotherapy, and I am currently pursuing a PhD in clinical social work.

Most clients come on a regular basis, such as weekly or every other week, and often work for 6 months to a year at a time. Sessions usually last 50 minutes, but may be extended to 75 minutes for couples, families, or whenever indicated.

Following is some information about my policies and procedures.

**Confidentiality**

The information you discuss during a psychotherapy session is protected as confidential under law [CRS 12-43-214(1)(d)] with certain limitations.

- It is my policy to report suspected child abuse without an investigation to the proper authorities who may then investigate.
- I also may take some action, such as seek an order for your emergency or involuntary commitment, without your consent if I deem you to be a serious harm to yourself or another. Any action I take without your consent will be discussed with you.
- It is my duty, under Colorado Statute to warn any individual in imminent danger of harm by you, as well as to report the danger to authorities.
- If am unable to collect my agreed upon fee, I may send your name and address to a collection agency.
- If you file an official complaint or lawsuit against me, according to Colorado law, your right to confidentiality will be waived.
- If you choose to use your health benefit plan, you will have given your insurance or managed care company consent to obtain required confidential information for the purpose of determining eligibility for reimbursement. This usually includes a diagnosis.
- If I seek consultation from another mental health professional, your privacy will be protected by that professional. I will reveal only the necessary private information for the purpose of the consultation.
- If another mental health professional is involved in your mental health treatment and I determine that it is important for your treatment, I may collaborate in order to coordinate care. Your authorization may not be obtained, but you will be advised of this action.
- Clerical persons hired by me may have access to limited confidential information. This information is protected from further disclosure and is used solely for administrative purposes.
- When I am away from my office for a few days, we will discuss how to handle any emergent need which may arise. If we decide to ask another licensed therapist to cover for me, I will then tell this therapist only what he or she needs to know to assist you.

**Health Care Benefits**

In the event that you choose to use your health care benefits and my services are reimbursable under your insurance plan, you will have to give me written authorization to release required information. Released confidential information may range from identifying information, diagnosis, dates and types of sessions, and charges, to an assessment with treatment goals and progress reports when your benefits come under managed care. My policy is to provide the least amount of information necessary for the purpose of authorizing benefits. However, I can no longer be in control of the storage or access to your confidential

information when it is given to a third party. The insurance company will determine benefit coverage and the kind of service for which they will reimburse. You may request that I not inform you health plan, if you entirely self-pay for services.

### **Couples, Families and Children**

Whenever more than one related person is seen by me in individual, family, or a combination of modalities, issues around confidentiality and conflicts of interest must be discussed. Related individuals must be fully informed about the planned work. And in order to protect my role as therapist, each person must agree to respect the confidentiality of other family members. Any release of information about family work will require signed authorizations from all adults. In addition, each person must agree to not involve me in litigation with the other.

### **Litigation**

If you are involved in divorce or custody litigation, please understand that my role as a therapist is not to make recommendations for the Court concerning parenting or custody issues, nor to testify in Court concerning an opinion or issue involved in the litigation. By signing this disclosure statement you agree to not call me as a witness in any such litigation. Only Court appointed evaluators can make recommendations to the Court on disputed issues concerning parental responsibilities and parenting plans. Information discussed in therapy is meant for your exclusive use in healing and growth. Evaluations to be used for legal purposes should be obtained from non-treating mental health professional independent of therapy.

### **Availability**

I will attempt to return your calls within one business days. However, you may leave a voicemail message 24 hours a day at (303) 809-2543. In the event of an emergency or last minutes business matter, you may designate your message as urgent. It is my preference to discuss issues for therapy in scheduled sessions. We will have to discuss an individual plan for any anticipated needs for help with a crisis. During my vacations or absences from my practice, we will discuss your coverage needs and make appropriate arrangements.

### **Records**

A designated record may include identifying information, dates and types of sessions, an assessment and diagnosis, a treatment plan, progress notes or treatment summaries, any reports or correspondence, consultations or collateral contacts made, and informed consent disclosures. My private psychotherapy notes are kept separate, and are not a part of the record. HIPAA further protects these psychotherapy notes from subpoena and unauthorized access. Your records will be stored safely with attention to your privacy for at least 7 years after we stopped working together. In the event that I am no longer able to secure and monitor access to your record, another mental health professional will act as my professional representative. That professional representative will keep your records secure and accessible for the required 7 years. Your records are protected by Colorado Statute, HIPAA regulations, and Professional Ethics. Records can only be released with your written permission and direction. It is my policy to not release an entire record, even with your authorization. Instead, I may summarize the content related to the request. Colorado Statute, CRS 25-1-803, limits access to a summary after termination. You will be granted reasonable access to your designated record, but no copy of the record. If you choose to read your record, it is my policy to be present in order to respond to any questions or confusion you may have about the recordings. You may request, in writing, an amendment or addition to your record. If you were seen in couple or family sessions, all adults present will have to sign for the release of any record or information gathered from our joint work.

### **Termination**

Termination will usually be agreed upon mutually, but you are free to terminate at any time. In a few special instances I may decide to stop working with you even though you wish to continue. The reason for this may include a failure to meet the terms of our fee agreement, or a need for special services outside of the area of my competency, or prolonged failure to make progress in our work together. Should this occur, the reason for termination will be discussed with you, and you will be helped to make different plans for yourself, including referral to a more appropriate resource.

**I have been informed of my therapist's degrees, credentials, and licenses. I have also read the preceding information and understand my rights and responsibilities as a client.**

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**Client Signature (Guardian or Minor)**

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**Date**

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**Client Signature (Guardian or Minor)**

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**Date**