

**RACHEL M. LOUDEN, LCSW, INC.
LICENSED CLINICAL SOCIAL WORKER # 992130
4900 CHERRY CREEK SOUTH DRIVE
SUITE 6
DENVER, CO 80246
TELEPHONE (303) 629-6399**

Disclosure Statement and Patient Rights

Welcome! As a licensed psychotherapist my practice is regulated by the State of Colorado's Department of Regulatory Agencies. My license number is 992130. If you have a complaint, let's talk about it. If you feel it is necessary you can contact: Mental Health Occupations Grievance Board, 1560 Broadway Ste 1370, Denver, CO 80202. 303-894-7766.

Treatment Duration and Techniques. While it is often difficult at the outset of psychotherapy to determine the length of treatment we will evaluate as we continue how the treatment is progressing and where we are in the process. You may end your treatment at anytime. You may seek a second opinion at any time. I will inform you what treatment techniques I will use, which will be determined by the nature of your situation. Please feel free to ask me about my treatment techniques and style at any time.

Fee Agreement. The sessions are 45 minutes long and each session costs _____. You will be charged for "no-show" appointments and/or if you fail to give one business day when canceling or changing an appointment. **There are NO exceptions to this policy.**

Confidentiality and the Nature of the Relationship. Everything we talk about is legally confidential unless you were going to physically harm yourself or someone else. Other exceptions to the confidentiality statute are child abuse, legal matters or if you were unable to care for yourself. Sexual intimacy between a therapist and client is illegal and never appropriate. If this has happened to you in the past, you should report it to the State Grievance Board.

Emergencies: We can actively avoid having off hours emergencies with good planning for those times. Please talk to me if you are worried you might need contact in the evening or weekends. I have a cell phone for emergencies. Please go to your nearest emergency room if you cannot reach me.

Coverage: When I am out of the office on vacation I will have a "covering" therapist available for appointments or emergencies.

If you have any questions about this Disclosure Statement, please feel free to ask me at anytime.

Client Name Printed and Signature

Rachel M. Loudon, LCSW