

UCCS HealthCircle Primary Care Clinic Behavioral Health Disclosure Statement

1. This statement is being provided to you so that you are aware of your rights as a psychotherapy client. Please read this and discuss any questions or concerns you have before signing it.
2. Provider information: Jill L. Moore, Psy.D., 4863 N. Nevada Avenue, Suite 250, Colorado Springs, CO, 80919, (719) 255-8001. I earned my Doctor of Psychology in Clinical Psychology from Florida Institute of Technology in 1997. I am a licensed psychologist with the state of Colorado. My license number is PSY0004390. A licensed psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.
3. The practice of licensed or unlicensed persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Colorado Department of Regulatory Agencies. The Board of Psychology can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.
4. Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes, as well as other exceptions in Colorado and Federal law. The limits of confidentiality include:
 - a. If I become aware that a child under age 18 or an at-risk adult/elder is being abused, exploited or neglected, I am required by law to report it. If you disclose any *past or present* sexual contact with a minor, I am required by law to report it.
 - b. If I believe you are a danger to yourself, another person or an entity, I must take the appropriate steps to ensure your safety and the safety of others. This may include hospitalization or contacting law enforcement.
 - c. If you are involved in a court proceeding and a court orders the release of information about the professional services that you have received through this clinic, I am required to release the records.
 - d. If a review of your case is done by a professional review committee for the Colorado Psychological Association or by a State Grievance Board, I am required to release the records.If a legal exception to confidentiality arises during therapy, if feasible, you will be informed accordingly.
5. The providers in the HealthCircle Primary Care Clinic and Peak Nutrition Clinic work collaboratively to provide you with the best care. The staff of these clinics may share clinically relevant information with each other in an effort to coordinate clinical and support services for you.
6. You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy (if that can be determined), and the fee structure. Please ask if you would like to know this information. You may also seek a second opinion from another therapist or terminate therapy at any time.
7. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.
8. Please note that your behavioral health records may be destroyed after seven years.

I have read this information and understand my rights as a client.

Print Client's Name

Client Signature

Date