



...Healing Spirit, Soul and Body”

## Client Disclosure Form

# A Pastoral Approach

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Dear Client or Parent,

The following information is presented for your understanding and is important and necessary for the beginning of any therapeutic relationship. In the state of Colorado, I am legally required to inform you of my degrees, credentials and education, as well as your rights as a client. This information, along with certain policies of my practices, are presented below:

### **My Credentials and Education**

**D.Min.** - Lutheran school of Theology, 1994, Pastoral Psychotherapy  
**M.Div.** - Lutheran school of Theology, 1985, Pastoral Care  
**B.A.** - University of Colorado 1980 Psychology  
**B.S.** - University of Colorado 1980 Recreation

I am licensed in the state of Colorado as a Professional Counselor (#1408)  
I attained Fellowship Level in the American Association of Pastoral counselors (AAPC)  
I am an ordained pastor - nondenominational

The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Colorado Department of Regulatory Agencies. The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the State Grievance Board~ 1560 Broadway # 1340, Denver Colorado 80202, 303-894-7766

### **Your Rights as a Client**

- You are entitled to receive information from me about my methods of therapy, the techniques I use, the estimated duration of your therapy, and my fee structure. Please ask if you would like to receive this information.
- You can seek a second opinion from another therapist or terminate therapy at any time.
- In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate and should be reported to the State Grievance Board
- You should understand that information provided by and to you during therapy sessions is legally confidential and I cannot be forced to disclose it without your written consent.

There are exceptions to the general rule of confidentiality which are listed in the Colorado statutes ( see Sections 12-43-218, C.R.S.) You should be aware that legal confidentiality does not apply in the cases of a serious potential for suicide, possible physical violence to another person, or any known or suspected instance of child abuse, which by law must be reported to the Department of Social Services, or when a court orders information to be disclosed.

All records about your counseling will be maintained in locked files during your time in treatment. At the completion of counseling, these records will be kept on file for a period of ten years, after which they will be destroyed. Copies of your files can be sent to a qualified professional only by written request from you.

### **Additional Policies of the Practice**

**Timeliness** - You can expect to start and end counseling sessions within five minutes of the scheduled appointment time. If I am delayed further, I will announce this to you in the waiting room.

**24 Hour Coverage**- I do not provide 24 hour coverage. However, I am committed to returning messages promptly.

**Cancellations** - When cancelling or rescheduling an appointment, please call at least 24 hours ahead of the appointment time. Appointments not cancelled within this 24 hour period may be charged.

**Payments** - I prefer payment at each session, and the fee will be set during our initial session. A monthly statement will be mailed to you, and I reserve the right to charge 10% interest for accounts 90 days past due. I also reserve the right to make use of a collection agency to retrieve payment. Insurance companies can be billed directly by me., but you are responsible for any unpaid balance.

**I have read the preceding information and understand my rights as a client. I understand that I am financially responsible for services received from Bruce Heany, LPC and acknowledge receiving a copy of this document.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date