

**MANDATORY DISCLOSURE STATEMENT AND INFORMED CONSENT**  
**Limits of Confidentiality**

**Marisa Asplund, MA, LPC**  
**COUNSELING SPORTS PSYCHOLOGY**  
**Marisa Sports LLC**  
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**970 769 8856**

Thank you for allowing me to meet with you as we work together to grow this professional counseling relationship. It is my mission and charge to give my full and clinical attention to you what you discuss and bring up in our meetings. I do believe that change is possible and happiness is attainable, thus I have chosen this field of work. I use a variety of counseling approaches to help people understand and make meaning of current and/or past experiences as it pertains to therapeutic goals.

Please do take the time to read through the following, as it will help to define and my role and what can be expected.

**Degrees, Credentials**

Adams State, Masters of Arts, Counseling: Clinical Mental Health  
State of Colorado: Licensed Professional Counselor (LPC): #0015528  
State of Arizona: Licensed Professional Counselor (LPC): #20543

Colorado:  
Department of Regulatory Agencies, Mental Health Section  
1560 Broadway, Suite 1350  
Denver, Colorado 80202 (303) 894-7766

Arizona:  
Board of Behavioral Health Examiners  
1740 West Adams Street, Suite 3600  
Phoenix, AZ 85007 (602) 542 1882

Telehealth: I provide telehealth services to clients in the states of Colorado and Arizona I will discuss with you the procedure and protocol.

**Client Rights and Information**

You are entitled to receive information from me about my methods of therapy, the techniques I use and the duration of your therapy (if I can determine it). Please ask if you would like to receive this information.

You may seek a second opinion from another therapist or terminate therapy at any time.

I must and will report any suspected child abuse to the proper authorities that may then investigate. I do not investigate.

I also may take emergency or involuntary action, without your consent, should I deem you to be a serious harm to yourself or another. Any action I take without your consent will be discussed with you.

In a professional relationship, such as this, sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it will be reported to the Department of Regulatory Agencies, Mental Health Section, as noted above.

Generally speaking the information provided by and to a client during therapy sessions is confidential. The therapist cannot be forced to disclose the information without the client's consent.

If I am unable to collect my fee, which we will agree upon, I may send your name and address to a collection agency.

If you file an official complaint or a lawsuit against me, according to Colorado law, your right to confidentiality will be waived.

I may seek consultation from another mental health professional; your identity will not be revealed without your consent, and your privacy will be protected by that professional.

### **Records**

Records include identifying information, an initial assessment and treatment plan, dates and summary of session, and any consultations or collateral contacts made by me. Your records will be stored safely with attention to your privacy. They can only be released with your written permission and directions and it is my policy not to release an entire record, even with your consent. Instead I will summarize the content to be requested. You will not be given a photocopy of your record, however you will be granted reasonable access.

I do often keep notes during a session of themes that have come up that may be of use to you. If you would like to receive email summaries of these notes please sign here and submit your email address. Please note that although I maintain as much security as is reasonable I cannot ensure complete security with these emails.

**Email:** \_\_\_\_\_

**Sign:** \_\_\_\_\_

### **Missed appointments/No show Policy**

I am reasonable and understand that plans do change from time to time. Please call or text me as early as you can to reschedule. No-show appointments or cancellations within 24 hours of the scheduled session will be charged a full fee.

### **Availability and Phone Policy:**

You may leave a voice mail message with me 24 hours a day and I make a policy of returning that voicemail within 48 hours.. I always do my best to respond in timely fashion. My office hours do fluctuate.

Should you not be able to reach me and there is a crisis please call:

***CRISIS HOTLINE at 970 247 5245 \*For DURANGO CLIENTS ONLY***

If you have any questions or would like additional information please feel free to ask me.

### **Fee Schedule:**

Sessions are billed at the rate of \$110-\$125/hour, depending on which state you reside in. Payment is requested at the time of service, unless otherwise agreed upon. I do offer a number of sliding scale rates, which we can discuss if that is a need.

### **Limits of Confidentiality**

Psychotherapy is confidential, with the below stated exceptions.

Duty to Warn: Therapists are mandated by law to disclose pertinent information discussed in therapy if the client has an intent or plan to harm another person. We are required to inform the intended victim and notify legal authorities.

Suicide/Self harm: Depression is common emotion expressed in therapy, but if a client is feeling hopeless enough to imply or disclose a plan for suicide; steps need to be taken to ensure safety.

This would include notifying the legal authorities as well as make reasonable attempts to notify the family.

Animal abuse: I will report animal abuse, including cases of neglect and hoarding.

Vulnerable Adults and Children: Mental health professionals are required by law to report stated or suspected abuse of a child or vulnerable adult to the appropriate social service agencies and/or legal authorities.

Prenatal Exposure to Controlled Substances: in keeping with protecting vulnerable populations, Mental Health Providers are required to report admitted use of

