



Disclosure Statement

Lizanne Corbit, MA, LPC, NCC
Licensed Professional Counselor

The Colorado Department of Professional Regulatory Agencies, which has the general responsibility for regulating the practice of licensed psychotherapists like myself, requires that I provide you with a disclosure statement that informs you of my educational background, my credentials to practice psychotherapy, and your rights as a client under Colorado law. The agency within the Department that has the responsibility specifically for Licensed Counselors is the Board of Licensed Professional Counselors Examiners, 1560 Broadway, Suite 1340, Denver, Colorado 80222. Their phone number is 303.894.7766.

License, Certification and Degrees

- Licensed Professional Counselor in Colorado (license #2352)
- National Certified Counselor (certification #35933)
- University of North Dakota, Grand Forks, MA Counseling, 1984
- University of North Dakota, Grand Forks, BA Education, 1982

Clients Have Rights Under the Law

You are entitled to ask for, and receive from me, as much information as you wish about my methods of therapy and to discuss its probable duration.

You are free to end therapy at any time and also to seek a second opinion from another therapist. When you decide to end therapy, my request is that we have a final session where any remaining issues can be discussed and to provide a sense of completion and respectful closure.

You are entitled to complete information about my fee structure. My standard fee is \$150.00 for an Individual Psychotherapy Hour and \$50.00 for a Group Psychotherapy 120-Minute Session. I request that 24-hour notice be given for cancelled appointments and the hourly rate will be charged if appropriate notice is not received for cancelled or missed appointments.

The law states quite clearly, and I wholeheartedly concur, that sexual intimacy between client and therapist is never appropriate. The law provides that clients have recourse if sexual intimacy occurs. They should report it to the State Grievance Board, 1560 Broadway, Suite 1340, Denver, Colorado 80222.

Generally speaking, all discussions between us, as client and therapist, are confidential. Matters regarding your psychotherapy will be kept confidential except in certain circumstances, such as the following.

- You sign a release of information giving permission to release information to a specific individual or agency.
- Child abuse.
- The client is in imminent danger of harm to self or others.

These exceptions are listed in the Colorado statutes (see section 12-43-218, CRS).

At times, I consult with other colleagues about certain clients. In these circumstances, clients are not identified by name. Your signature below constitutes your permission for such consultations.

Please feel free to ask questions or request additional information from me at any time.

Sincerely,

Lizanne Corbit, MA, LPC ,NCC

Client Name (please print)

Client Signature

Date

Address

Work Phone

Home Phone

Email

Fax