



Carema Cook-Masaud
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Disclosure Statement

1) I received a Master of Arts from the University of Colorado Denver in Counselor Psychology/Counselor Education with an emphasis on couple/family, multicultural and school counseling. I am a Licensed Professional Counselor (LPC #0012059) through Colorado Department of Regulatory Agencies. I provide non-emergency couple and adult therapy by scheduled appointment. If you do have an emergency, please gain safety which may include the nearest emergency room or by dialing 911.

2) The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. State Board of Licensed Professional Counselor Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals:

- ✓ Registered psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.
- ✓ Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.
- ✓ Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision.
- ✓ A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.

3) You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy if known, and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time.

4) 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.

5) 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. For example, mental health professionals are required to report suspected child abuse and elder abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: <http://www.dora.state.co.us/mental-health/Statute.pdf>.

I have read the preceding information which has been summarized verbally, and I understand my rights as a client or as the client's responsible party.

Date: _____

Your printed name: _____

Phone number: _____

Address: _____

Signature: _____



**Methods and Techniques of Therapy
Fee Scale of Services**

I am Carema Cook-Masaud and Center for Compassion Couples Counseling PLLC is my private counseling practice. I provide affordable couples therapy and individual therapy for adults. I counsel couples and adults seeking therapy to heal and strengthen relationships, to better cope with transitions, and to gain well being in relationships and in life. Together we will address conflict, anger, stress, fear and hurt. We will work to ease depression, anxiety, grief and the effects of trauma.

Methods and Techniques: As an *Emotion Focused* therapist, I focus on the emotional experience as the driving force of how we organize our perceptions, thoughts and behavior. I take a *Person-Centered* approach listening with empathic, unconditional regard to facilitate safe, open and authentic interactions. I also take an *Experiential* approach to encourage present moment awareness of sensations, thoughts, actions and interactions. While creating a secure counseling relationship with you, I strive to facilitate deeper meaning of your emotional experience and mindful awareness of your thoughts and actions.

My observations are viewed through the lens of *Attachment Theory* highlighting the need for human connection and flexible, nurturing relationships. I also focus within the framework of *Multicultural Counseling* which attends to the ways race, ethnicity, country of birth, immigration history or status, age/life stage, gender expression, sexual/affection orientation, ability, religion and/or spirituality, education, occupation, social economic status, family status and privilege interact with your worldview, self-concept, and relationships.

Duration of Therapy: With input from me, the length of time you chose to gain counseling from me is determined by you. As we work together in therapy, I continually invite you to share any evaluations, concerns, questions, and insights you may have of the process of our counseling experience.

Fees: My fees are within a *rate range*. I ask that you pay what you can afford at the time of therapy within my *rate range*. At this time, for one hour individual sessions, my *rate range* is one hundred twelve (\$112) to seventy-two (\$72) dollars. For seventy-five minute couple sessions, my fee scale is one hundred forty (\$140) to ninety (\$90) dollars. If my *rate scale* increases, written notice of any increase will be provided.

Notice of cancellation: Please call or text 48 hours in advance if you would like to cancel or re-schedule an appointment. As I do not check email every day, email cancellations will not be accepted. If you do not call or text 48 hours in advance, I ask that you pay a fifty (\$50) dollar *late cancellation* fee. If I do not receive a call or text from you to cancel or reschedule your appointment, and you do not attend the scheduled appointment, I may charge for the full appointment.

Signed acknowledgement of therapy methods, duration of therapy, rate scale and notice of cancellation:

Signature: _____ Date: _____



Acknowledgement of Video Recording

Because I take minimal, if any, notes while meeting with you, I now video record counseling sessions.

The video recordings are for the purpose of reviewing counseling sessions and not intended to be part of official therapy records. The recordings are held as confidential and protected at all times as confidential according to Colorado (CO) state law.

*With your permission, I *may* use the recordings for the purpose of supervision or consultation with other professional counselors in individual or group consultation. If, by chance, a consulting therapist knows you beyond the professional therapy environment, he/she will not view the recording and will keep your confidentiality as per standard professional guidelines. Again, the recordings will be protected with confidentiality according to CO state law.

By initialing line one and signing below, you acknowledge that I video record counseling sessions.

*By initialing line two below, you give me permission to share video recordings of our counseling sessions for the purpose of consultation with other professional counselors. By initialing line two below, you also agree that any consultants in supervision or group consultation cannot be held responsible for what occurs in therapy sessions or the outcome of these sessions with me. The consultation is a service to me and I am solely responsible for my conduct of therapy.

1. For review by Carema Cook-Masaud only _____

*2. Permission for use in supervision or consultation _____

Printed name: _____

Signature: _____ Date: _____

(updated October 2016)