

DISCLOSURE STATEMENT

Therapist Information

Louis Carlino, MA, LPC
303-815-0898
Louis@BodyPsychYoga.com
www.BodyPsychYoga.com

Education and Certifications

The Trauma Center, 2012: 40 Hour Certification in “Trauma Sensitive Yoga”.

Naropa University, 2009: Masters Degree: Somatic Counseling Psychology-Body Psychotherapy.

Satchidananda Ashram-Yogaville, 2001, 2002, 2003: Accumulated over 500 hours of Hatha Yoga teacher training. Certified to teach Beginner, Intermediate, and Advanced Integral Yoga. Registered with Yoga Alliance as a Registered Yoga Teacher (RYT) at the 500 hour level (www.yogaalliance.org).

Regulating Agency

Louis Carlino, MA, LPC is a Licensed Professional Counselor practicing as a Psychotherapist in the State of Colorado. His License # is 6511.

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of individuals who practice psychotherapy.

The agency within the Department that has responsibility specifically for psychotherapists is the Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1350, Denver, CO 80202, (303) 894-7766.

Client Rights and Important Information

- a) You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. Please ask if you would like to receive this information.
- b) You can seek a second opinion from another therapist or terminate therapy at any time, although a termination session is highly recommended.
- c) In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section listed above.
- d) Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.

- e) Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates.

Exceptions to the Rule of Legal Confidentiality

There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S. The following are several common exceptions:

- a) If your counselor has reasonable cause to suspect that a child (anyone under the age of 18) has been abused or neglected.
- b) If your counselor has reasonable cause to suspect that an elder has been abused or neglected.
- c) If you appear to be at serious risk for hurting yourself or another.

Fees and Cancellation Policy

The fee for services is \$75 per session. Sessions are typically 1 – 1 ½ hours in length.

Appointments must be cancelled 24 hours in advance otherwise the full fee may be owed. The decision to charge is based on the discretion of Louis Carlino, MA, LPC specifically as to whether other payable work could not be scheduled due to that block of time being reserved, or based on the fact that Louis Carlino, MA, LPC had spent time travelling to his office for the appointment only to get very late notice of cancellation.

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

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

_____	_____	_____
Client (printed)	Client (signature)	Date
_____	_____	_____
Therapist (printed)	Therapist (signature)	Date