

Summit Counseling Associates, Inc
Craig L. Loving, D.Min.
Licensed Marriage & Family Therapist
Licensed Addiction Counselor

10754 Belle Creek Boulevard, Suite 101
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303-349-7398
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Disclosure Statement & Consent to Treatment

I am required by Colorado Law to submit to you my qualifications and legal restrictions under which I practice. Please meet with me ONLY after you have read my qualifications and find them satisfactory. Please sign ONLY after you have read this material and agree with its conditions. If you have any questions, please ask.

Credentials

Licensed Marriage and Family Therapist (#746). State of Colorado, Department of Regulatory Agencies. Division of Registrations, Suite 1575, 1560 Broadway, Denver, CO 80202-5140

Licensed Addiction Counselor (#202). State of Colorado, Department of Regulatory Agencies. Division of Registrations, Suite 1575, 1560 Broadway, Denver, CO 80202-5140

Clinical Member - American Association of Marriage and Family Therapy. 1123 Fifteenth Street, NW -- Suite 300, Washington, DC 20005-2710

Approved Supervisor - American Association of Marriage and Family Therapy. 1123 Fifteenth Street, NW -- Suite 300, Washington, DC 20005-2710

Ordained Pastor. The American Association of Lutheran Churches. 921 East Dupont Rd., #920, Fort Wayne, IN 46825-1551

Education

Doctor of Ministry (D.Min.). Marriage and Family Counseling. Denver Seminary, Denver, Colorado. 2004.

Master of Divinity (M.Div.). Luther Theological Seminary, St. Paul, Minnesota. 1980.

Bachelor of Arts (BA). Wartburg College, Waverly, Iowa. 1976.

Treatment Specializations

I have training and experience in providing treatment for mood disorders (such as depression and anxiety); chemical and behavioral addictions, including sexual addiction in men; marital, family, and organizational conflict; and unwanted same-sex attraction. I DO NOT PROVIDE COURT ORDERED EVALUATIONS FOR PARENTAL RESPONSIBILITIES AND AM NOT A DOMESTIC VIOLENCE TREATMENT PROVIDER.

Fee Policy

\$75.00 per clinical (45 – 50 minute) hour. Unscheduled conversations initiated by the client lasting longer than five minutes are pro-rated at the same fee, and billed in 15-minute increments.

On occasion, unforeseen circumstances require appointments to be rescheduled. Except in cases of emergencies, 24 hours advance notice is required for cancellations and / or rescheduling of appointments.

Please be aware that failure to notify us could result in a missed appointment fee of \$75.00. After 3 missed appointments (failure to show or call), you may receive a referral letter with the names of three other therapists or agencies and may be discharged from our care as a direct result of being "noncompliant to treatment."

Payment is requested at the time of service. If you have any questions about these policies, please ask.

YOUR RIGHTS AS A CLIENT

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. Sometimes therapists and clients do not work well together. If you feel this is the case, please discuss this with me and I will give you the name(s) of other therapist(s) who might serve you more effectively.

During the time we work together, I will discuss your progress and status with you on an ongoing basis. When I see you approaching readiness to leave therapy I will discuss this with you.

In a professional relationship such as ours, sexual intimacy between therapist and client is never appropriate. If sexual intimacy occurs, it should be reported to the State Grievance Board at 1560 Broadway, Suite 1340, Denver, CO 80202 (303) 894-7766.

Generally speaking, the client / therapist relationship is legally confidential. Unless you grant specific permission in writing, I cannot disclose to anyone that you are a client or the content of our conversations. There are exceptions to the general rule of confidentiality. These exceptions are listed in the Colorado statutes (see C.R.S. 12-43-218 in particular).

Legal exceptions to confidentiality

Colorado statutes provide for important exceptions under which I am NOT ALLOWED to keep information confidential. Among them are:

- If you are immanently dangerous to yourself, or others;
- If you make threats against national security;
- If you are gravely disabled, and are unable to care for yourself;
- If you disclose that you or another person has physically or sexually abused or molested a child, an incompetent or disabled person;
- If you are involved in a criminal or delinquency proceeding, and I am called by a Court of Law to testify;

Ethical exceptions to confidentiality

In marriage and family counseling, it is accepted professional practice that any information shared with the therapist by one party during private sessions may be discussed with all parties involved during conjoint sessions if the therapist believes it might benefit the couple or family. I follow this practice.

I consult with other experts about your treatment. By signing this form, you specifically permit me to discuss your case (including session notes, assessment results and other pertinent material) with other licensed professionals for the purposes of consultation.

Often people seek therapy to gain relief from painful issues they are experiencing in their lives and relationships. You should know, however, that some people experience increased feelings of distress as they develop new insights into or ways of dealing with their problems. Additionally, some people seek therapy to evaluate the health of their relationships. The decision to marry or to remain married is always the responsibility of the client(s).

If in the course of therapy it becomes apparent that your problems may be related to a medical or organic condition, I will refer you to seek care from your medical care provider and / or psychiatrist before I continue additional therapy with you.

If a medical doctor has prescribed medications to help you with mental or emotional problems (e.g., bipolar disorder, schizophrenia, depression, etc.), you agree to continue taking these medications as prescribed during the time we are working together, unless you are specifically directed to amend or discontinue use by that medical doctor. If you alter or discontinue these medications without the knowledge or approval of your medical doctor, I will consider this a statement of your intention to terminate our counseling relationship.

If in the course of therapy it becomes apparent that we are discussing issues outside my training or experience, I will refer you to other therapists skilled in such issues.

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

By your signature, you acknowledge that you have (a) read the preceding information, (b) understand your rights as a client, and (c) voluntarily enter into a therapeutic relationship with me according to the terms of this statement.

Client Signature	Date	Client Signature	Date
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Therapist Signature	Date
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