

COUNSELOR DISCLOSURE STATEMENT

**Gary Howard, MA, LPC** 1650 38th Street

License #0015593 Boulder, CO 80301

Wild Ways Integration, LLC Suite 100 E

 (260) 445-8249

Educational Degrees:

Master of Arts, Transpersonal Counseling Psychology: Wilderness Therapy; Naropa University, May 2016

BA, Psychology; Purdue University, 2002

Trainings and Certifications:

Wilderness First Responder- National Outdoor Leadership School

Trauma Therapy: 115 hours of integrated Somatic Experiencing, Hakomi, and other methods (Certified in 2016 through "Bridging Soma & Soul Trauma Training")

Crisis Intervention (Lafayette, IN Crisis Center)

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. The Board of Psychologist 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: a 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. A Licensed Social Worker must hold a masters degree in social work. A 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. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1,000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelors degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

You are entitled to receive information from me about the methods of therapy, the techniques used, the duration of your therapy, if known, and the fee structure. Some methods include mindfulness, goal setting and tracking, somatic experiencing, Gestalt, and relating to nature. You can seek a second opinion from another therapist or terminate therapy at any time.

The termination-of-therapy process can be a very productive, healing event. It illuminates one's patterns during transitions and offers the person an opportunity to end something in a positive, new way. Endings are important, and I encourage each client, prior to termination, to participate in a termination session to recap, integrate, celebrate, acknowledge, and set intentions for themselves as they move on.

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.

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 as well as other exceptions in Colorado and Federal law. For example, professional psychotherapists are required to report child abuse, elder abuse and if the client informs the counselor that they are going to hurt their self or someone else in a life-threatening manner. If a legal exception arises during therapy, if feasible, you will be informed accordingly.

My standards sessions are 60 minutes long. I offer 90 minute sessions for a 50% higher fee. I request payment by check, cash, or card at the time service is rendered. If checks are returned due to insufficient funds, a $34 fee will be charged to you. Meetings with auxiliary medical or legal consultants either by phone or in person and report writing will be billed at my standard fee. If payment is in arrears more than 90 days and a fee payment schedule cannot be agreed upon, your account will be turned over to a collection agency, an attorney, or small claims court. If you are unable to keep an appointment, please notify me as soon as possible. If you cancel or miss an appointment without giving me 24 hours notice, you will be billed full fee for the session. You are responsible for completing and filing third-party (e.g. insurance) claims and collecting reimbursement.

Telephone calls for the purpose of scheduling are expected and are not billed. Any communications/services that go beyond 10 minutes will be billed to you on a prorated basis. Text and email are acceptable methods of scheduling, but please note that text and email are not HIPAA-compliant, meaning that the information you disclose via those technologies are not immune to hacking. Please use them at your own risk and let me know your preferred communication method.

If called upon for court duties on behalf of the client, I charge my regular hourly rate. This includes time spent preparing for court as well as attending court.

For couples, co-parenting, and family counseling I require that each of the partners/co-parents see an individual therapist as frequently as we meet as a group. This individual support is a vital adjunct to the process because individual processes cannot always be fully addressed in the couples/co-parenting/family counseling format, in which the couple/co-parenting unit/family is the primary client, not the individual. I do not provide individual counseling for clients I am already seeing for couples/co-parenting/family counseling.

Beginning counseling with me automatically signs you up for subscription to my blog posts, which are provided at no charge to supplement your growth and integration. You may at any time opt out of such emails.

By signing below, you certify that you have read the preceding information, it has also been provided verbally, and you understand your rights as a client.

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Client or Parent/Guardian's Printed Name Date

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Client or Parent/Guardian's Signature Date

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Gary Howard, MA Date