



Tax ID # 27-2970598
 Wholeness Center P.C.
 2620 East Prospect Rd., Suite #190, Fort Collins, CO 80525
 Office: (970) 221-1106
 Fax: (970) 232-1050

Disclosure Statement

Patient/Client Name: _____ Date of Birth: _____

Client Rights:

- You are entitled to receive information about the methods of treatment, the techniques used, the duration of treatment, if known, and fee structure.
- You can seek a second opinion from another practitioner or terminate treatment at any time.
- In a professional relationship, such as ours, sexual intimacy is never appropriate and illegal in Colorado. It should be reported to the Grievance Board.
- The information provided by and to the client during therapy sessions is legally confidential. Exceptions to the rule of legal confidentiality include, but are not limited to, intent of harm to self or others, current or past child abuse or neglect, and inability to care for self.
- Confidentiality is not guaranteed in regard to group or family treatment.

Important Information:

- **Confidentiality:** The Colorado laws of confidentiality permit you to waive the privilege of confidentiality by signing a release of information form.
- **Emergency Procedure:** If you need to call after hours, on holidays or weekends, please feel free to call the office number, leave a message, and someone will get back to you at the earliest possible opportunity. If you are in serious crisis, have suicidal or homicidal thoughts, you can call your local mental health center, LCMH at 970-494-3400, NRBH at 970-353-3686, the Emergency Response System at 911, or go to the nearest emergency room.
- **Cancellations or Missed Appointments:** Cancellations for new patient appointments must be received 48 business hours before a scheduled appointment. All other cancellations for appointments must be received 24 business hours before a scheduled appointment. **Late cancellations (emergency excepted) will be charged at one-half (1/2) your full, regular session rate. If you fail to show up for an appointment, you will be charged at your full, regular session rate.**
- **Fees:** Fees are due at time of service unless you make other arrangements with your practitioner. Checks are made to: Wholeness Center. **A \$20 service charge will be added** to all returned checks.

I have read and received a copy of the information on this page. I understand my rights as a client.

Signature	Print Name	Date
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Parent/ Guardian	Print Name	Date
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