

**Julia A. Gladnick, LLC**  
**Julie Gladnick, MA, LMFT**  
**789 Sherman Street, Suite 650**  
**Denver, CO 80203**  
**720-446-8255**

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[www.juliegladnick.com](http://www.juliegladnick.com)

## **DISCLOSURE STATEMENT AND INFORMED CONSENT FOR SERVICES**

Welcome to Julia A. Gladnick, LLC. Please read this document carefully as it contains important information about Julia A. Gladnick, LLC's professional services and business policies. If you have any questions or would like additional information, please let me know. When you sign this document, it will represent an agreement between us regarding professional services.

### **Therapy Services**

It can be difficult to describe therapy in general statements, as it varies based on the personalities of the therapist and client and the issues that you hope to address. Therapy is not like a medical doctor visit and instead calls for you to be an active participant in the process, both in sessions and between sessions.

Therapy can have benefits and risks. Therapy often involves discussing difficult topics and can bring up feelings of sadness, anger, guilt, or hopelessness. However, therapy often has benefits to the people who experience it and may lead to better relationships, solutions to specific problems, and reductions in negative feelings. There is no guarantee that therapy will yield positive results. Every effort will be made to provide you with a positive and healing experience, but every therapy experience is unique and varies among individuals.

If you ever have questions or concerns about the therapy work we are doing, please feel free to discuss those with me. If we determine that you are not benefitting from therapy or need a different level of care, I will help you in finding appropriate referral resources.

### **Regulation of Mental Health Professionals in Colorado**

1. Julia A. Gladnick, LLC is located at 789 Sherman St., Suite 650, Denver, CO 80203, 720-446-8255. The mental health professional located at Julia A. Gladnick, LLC is Julie Gladnick, MA, LMFT. I obtained my Master's of Arts in Counseling Psychology from John F. Kennedy University in Berkeley, CA in 2009, and I am a Licensed Marriage and Family Therapist in Colorado, with Colorado License No. 998.

2. Everyone fifteen (15) years and older must sign this disclosure statement. A parent or legal guardian with the authority to consent to mental health services for his or her minor child/ren, must sign this disclosure statement on behalf of his or her minor child under the age of fifteen (15) years old. This disclosure statement contains the policies and procedures of Julia A. Gladnick, LLC and is HIPAA compliant. No medical or psychotherapeutic information, or any other information related to your privacy, will be revealed without your permission unless mandated by Colorado law and Federal regulations (42 C.F.R. Part 2 and Title 25, Article 4, Part 14 and Title 25, Article 1, Part 1, CRS and the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 142, 160, 162 and 164).

3. The Colorado Department of Regulatory Agencies (“DORA”), Division of Professions and Occupations (“DOPO”) has the general responsibility of regulating the practice of Licensed Psychologists, Licensed Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Certified and Licensed Addiction Counselors, and registered individuals who practice psychotherapy. The agency within DORA that specifically has responsibility is the Mental Health Section, 1560 Broadway, Suite #1350, Denver, CO 80202, (303) 894-2291 or (303) 894-7800; DORA\_MentalHealthBoard@state.co.us. The State Board of Marriage and Family Therapist Examiners regulates Licensed Marriage and Family Therapists, and can be reached at the address listed above. Clients are encouraged, but not required, to resolve any grievances through Julia A. Gladnick, LLC’s internal process.

4. You, as a client, may revoke your consent to treatment or the release or disclosure of confidential information at any time in writing and given to your therapist.

5. Levels of Psychotherapy Regulation in Colorado include Licensing (requires minimum education, experience, and examination qualifications), Certification (requires minimum training, experience, and for certain levels, examination qualifications), and Registered Psychotherapist (does not require minimum education, experience, or examination qualifications.) All levels of regulation require passing a jurisprudence take-home examination.

Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience. Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience. Certified Addiction Counselor III (CAC III) must have a bachelor’s degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience. Licensed Addiction Counselor must have a clinical master’s degree and meet the CAC III requirements. Licensed Social Worker must hold a master’s degree in social work. 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 master’s degree in his or her profession and have two years of post-master’s supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Registered Psychotherapist is a psychotherapist listed in Colorado’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. Registered psychotherapists are required to take the jurisprudence exam.

### **Professional Fees**

As a client, you are entitled to receive information from me about the methods and techniques of therapy that I use, the anticipated duration of your therapy, if I can determine it, and my fee structure. Please ask if you would like more information about these topics.

My fees and policies are as follows:

1. \$190.00 per 50 minute session; \$380.00 per 90 minute session. Therapy fees are based on a 45-50 minute clinical hour rather than a clock hour so that I have time to review notes and assessments on your behalf. Other services billed at the same hourly rate, and prorated for tasks that take less than a full hour, include: report writing, telephone calls, preparation of treatment summaries, professional consultations, meeting with family members, and other services that you might request.

2. It is the policy of my practice to collect all fees at the time of service, unless you make other arrangements for payment and we both agree to such an arrangement. In addition, I may request that you

fill out a “Credit Card Authorization” form to keep in your file. All accounts that are not paid within thirty (30) days from the date of service shall be considered past due. If your account is past due, please be advised that I may be obligated to turn past due accounts over to a collection agency or seek collection with a civil court action. By signing below, you agree that I may seek payment for your unpaid bill(s) with the assistance of a collections agency. Should this occur, I will provide the collection agency or Court with your name, address, phone number, and any other directory information, including dates of service or any other information requested by the collection agency or Court deemed necessary to collect the past due account. I will not disclose more information than necessary to collect the past due account. I will notify you of my intention to turn your account over to a collection agency or the Court by sending such notice to your last known address.

3. I am not a Medicaid provider. If you have Medicaid coverage that includes mental health services, I am not able to offer mental health services to you.

4. Legal services incurred on your behalf are charged a higher rate of \$800.00 per hour. Please be advised that if I am subpoenaed or otherwise required to participate in a legal proceeding as a result of providing services to you, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party. Legal services include, but are not limited to: attorney fees that I may incur in preparing for or complying with the requested legal services; testimony related matters such as case research, report writing, travel, depositions, actual testimony, cross examination, and courtroom waiting time.

### **Restrictions on Uses**

You are entitled to request restrictions on certain uses and disclosures of protected health information as provided by 45 CFR 164.522(a), however Julia A. Gladnick, LLC is not required to agree to a restriction request. Please review Julia A. Gladnick, LLC’s Notice of Privacy Policies for more information.

### **Second Opinion, Competence and Termination**

You are entitled to seek a second opinion from another therapist or terminate therapy at any time. If I believe that your issues are above my level of competence or outside of my scope of practice, I am required by law to refer, terminate, or consult.

### **Sexual Intimacy**

In a professional relationship (such as psychotherapy), sexual intimacy between a psychotherapist and a client is **never** appropriate. If sexual intimacy occurs it should be reported to DORA at (303) 894-2291, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202; State Board of Marriage and Family Therapist Examiners.

### **Statute of Limitations**

Any person who alleges that a mental professional has violated the licensing laws related to the maintenance of records of a client eighteen years of age or older, must file a complaint or other notice with the licensing board within seven years after the person discovered or reasonably should have discovered this. Julia A. Gladnick, LLC shall maintain records as required by law and as described in the “Record-Keeping” section below.

### **Health Insurance**

Julia A. Gladnick, LLC does not accept insurance for mental health services and is not in network with any insurance provider. Julia A. Gladnick, LLC will provide you with documentation that you can submit to your insurance company for reimbursement for services provided.

**If, for any reason, your insurance company, HMO, or other third party payor does not compensate Julia A. Gladnick, LLC for the services I provide, you are solely responsible for full payment of my fees. In addition, signing this form gives Julia A. Gladnick, LLC permission to communicate with your insurance company, HMO, other third-party payor, collection agency, or anyone connected to your therapy funding source regarding payment. Your insurance company may request information about the services Julia A. Gladnick, LLC provides, including but not limited to a diagnosis, description of services or symptoms, treatment plan or summary, and in some cases, your entire client file. Once your insurance company receives such information, Julia A. Gladnick, LLC has no control over the security measures the insurance company uses to protect the information or whether the insurance company shares the information. You may request a copy of any report that Julia A. Gladnick, LLC submits to your insurance company on your behalf. In these situations, Julia A. Gladnick, LLC will try to release the minimum information necessary.**

### **Confidentiality**

In general, the privacy of communications between a therapist and client is protected by law, and I can only release information about our work together with your written permission. However, there are certain exceptions to 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 do not apply to any delinquency or criminal proceedings, except as provided in C.R.S. § 13-90-107. There are additional exceptions that I will identify to you as the situations arise during treatment or in our professional relationship. For example, I am required to report child abuse or neglect situations; I am required to report the abuse or exploitation of an at-risk adult or elder or the imminent risk of abuse or exploitation; if I determine that you are a danger to yourself or others, including those identifiable by their association with a specific location or entity, I am required to disclose such information to the appropriate authorities or to warn the party, location, or entity you have threatened; if you become gravely disabled, I am required to report this to the appropriate authorities. I may also disclose confidential information in the course of supervision or consultation in accordance with my policies and procedures, in the investigation of a complaint or civil suit filed against me, or if I am ordered by a court of competent jurisdiction to disclose such information. You should also be aware that if you should communicate any information involving a threat to yourself or to others, I may be required to take immediate action to protect you or others from harm. In addition, there may be other exceptions to confidentiality as provided by HIPAA regulations and other Federal and/or Colorado laws and regulations that may apply.

There may be times when I need to consult with another professional about issues raised in therapy. Your confidentiality is still protected during such consultations and only the minimum amount of information necessary to consult will be disclosed. Signing this document gives me permission to consult as necessary.

### **Electronic Communications**

Although confidentiality extends to communications by text, email, telephone, and/or other electronic means, I cannot guarantee that those communications will be kept confidential and/or that a third-party may not access our communications. Even though I may utilize state of the art encryption methods, firewalls, and back-up systems to help secure our communication, there is a risk that our electronic or telephone communications may be compromised, unsecured, and/or accessed by a third-party. By initialing below, you consent and authorize Julia A. Gladnick, LLC to communicate Protected Health Information ("PHI") through the following unsecure transmissions (please initial all of your choices):

\_\_\_\_\_ Cellular/Mobile phone, including text messages and voicemails  
Cell number: \_\_\_\_\_  
\_\_\_\_\_ Unsecured email  
Client's email address: \_\_\_\_\_ ☐ Send ☐ Receive  
Therapist's email address: \_\_\_\_\_ ☐ Send ☐ Receive  
\_\_\_\_\_ I do not wish to have my protected health information transmitted electronically

### **Communication Between Sessions**

I am often not immediately available by telephone. If you call my office and leave a voicemail or other message, I will do my best to return your call by the end of the next business day (excluding weekends and holidays). If you are unable to reach me and feel that you cannot wait for me to return your call, please contact your family physician or nearest emergency room for assistance. If I will be unavailable for an extended period, I will provide you with the name of a colleague to contact if necessary.

Emails and text messages are to be used for administrative purposes only, such as scheduling or changing appointments, billing issues, and other such issues. Please do not email or text about clinical matters; if you need to discuss a clinical matter, please call so we can discuss it on the phone or wait until your next scheduled appointment.

### **Mental Health Professional Designee**

In the event that I am disabled, die, or become incapacitated, the following provider will act as my Mental Health Professional Designee and will have access to my client files. The Mental Health Professional Designee will contact you to notify you of the event and will assist in continuing your care and treatment with the least amount of disruption possible. The Mental Health Professional Designee will provide you with referrals and transfer your client record, if requested, to your new provider. If you are not comfortable with the below listed Mental Health Professional Designee for any reason, please let me know and we will discuss alternatives.

Name: Eli Harwood, MA, LPC  
Address: 789 Sherman St, Suite 650, Denver, CO 80203  
Telephone: 720-432-5414  
Credentials: Licensed Professional Counselor .0006526

### **Record-Keeping**

Julia A. Gladnick, LLC maintains a physical paper record of mental health services provided to you. Julia A. Gladnick, LLC takes reasonable precautions to protect the privacy and security of any physical paper records including keeping the records in a locked file cabinet. Records are maintained and will be destroyed in accordance with state and federal laws and regulations. Currently, Colorado law requires that Julia A. Gladnick, LLC maintains your records for a period of seven (7) years commencing on the date of termination of services or the date of last contact with the client, whichever is later. After this time, your records will be destroyed. If you would like further information about the maintenance of your records, please ask.

Julia A. Gladnick, LLC may also store and maintain client information electronically on Julia A. Gladnick, LLC's computers and/or mobile devices. To maintain security and protect this information, Julia A. Gladnick, LLC takes reasonable precautions which may include the use of firewalls, antivirus software, encryption methods, and changing passwords regularly to protect computers and devices from

unauthorized access. Julia A. Gladnick, LLC may also remotely wipe out data on mobile devices if the mobile device is lost, stolen, or damaged.

### **Teletherapy**

In general, I do not provide teletherapy such as therapy over the phone or other electronic means. Communications over text or email should be limited to administrative purposes such as appointment scheduling. If you want teletherapy, you can discuss that with me and I will determine if teletherapy is appropriate at my sole discretion.

### **Social Media Policy**

I do not accept personal Facebook, LinkedIn, Twitter, Instagram, and/or other friend/connection/follow requests via any Social Media. Any such request will be denied in order to maintain professional boundaries. Julia A. Gladnick, LLC has, or may have, a business social media account page, but there is absolutely no requirement that you “like” or “follow” this page. If you should “like” or choose to “follow” Julia A. Gladnick, LLC’s business social media page, you understand that others will see your name associated with “liking” or “following” that page. You also understand that this applies to any comments that you post on Julia A. Gladnick, LLC’s page/wall. Any comments you post regarding therapeutic work between us will be deleted as soon as possible. You agree that you will refrain from discussing, commenting, and/or asking therapeutic questions via any social media platform, including online review sites. You agree that if you have a therapeutic comment and/or question or have concerns about the treatment you are receiving or have received, you will discuss those with me directly.

If you have any questions regarding social media, review websites, or search engines in connection to my therapeutic relationship, please contact me immediately and address those questions.

### **Emergency Services**

I provide non-emergency therapeutic services by scheduled appointment only. If you are experiencing a true emergency and are unable to contact me by the telephone number provided, you will call 911, check yourself into the nearest hospital emergency room, or call Colorado’s Crisis Hotline at (844) 493-8255. I do not provide after-hours treatment without an appointment.

### **“No Secrets” Policy**

When treating a couple or a family, the couple or family is considered to be the client. There may be times when an individual member of the family or couple shares information in a way that does not include the other member(s) of the couple or family. In general, such information is considered confidential and will not be disclosed to any third party unless required by law. However, in the event that you disclose information that is directly relevant to the treatment of the couple or family, it may be necessary to share that information with the other members of the couple or family for the sake of facilitating treatment. I will use my best judgement in deciding when or if such disclosures will be made and, whenever possible, I will first give you the opportunity to share the information yourself. In addition, if a request is made for the records of couple or family therapy, records will only be released with the consent of all parties, and any information that is released will be released to both members of the couple or to all adults engaging in family therapy. This “no secrets” policy is intended to allow me to continue to provide therapy to the family or couple by preventing, as much as possible, conflicts of interest that may arise. If you feel it necessary to talk about matters that you do not wish to have disclosed, you should consult with a separate therapist for individual treatment.

**Cancellation, No-Shows, and Termination**

If you cancel your appointment within 24 hours of the scheduled time or fail to show up at the appointment without notice (“no-show”), excluding emergency situations, I have the right to charge you for the full amount of the session. Please be aware that most insurance companies will not provide reimbursement for cancellation fees and you will be personally responsible for the payment of any such fees.

If you choose to discontinue therapy for more than sixty (60) days without communicating with me or Julia A. Gladnick, LLC, your therapy will be considered terminated. If you want to resume therapy after termination, please discuss this with me. The ability to resume treatment will depend on availability and will be at my sole discretion.

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**By signing below, you affirm that you have read and understand this document, agree to abide by its terms during our professional relationship, and you consent to receive the services described herein.**

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Client Name (Please Print)

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Client's Signature

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Date