

Mandatory Disclosure Statement

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My academic degrees include a Psy. D. in Clinical Psychology (1991) from the University of Denver, and an M.A. in Clinical Psychology (1986) from Loyola College in Baltimore, Md. I am licensed as a Psychologist in the state of Colorado as of January 15, 1993.

The practice of licensed and unlicensed persons in the field of psychology, is regulated by the Department of Regulatory Agencies. Questions or complaints should be addressed to: State Grievance Board, Department of Regulatory Agencies, 1560 Broadway, Suite 1340, Denver, CO 80202. Their phone number is 303-894-7766.

In a professional relationship such as ours, sexual intimacy between a therapist and patient is never appropriate. If sexual intimacy occurs, it should be reported to the State Grievance Board.

You are entitled to receive information about my methods of therapy, the techniques used, the duration of therapy (if known), and the fee structure. You may seek a second opinion from another therapist at any time.

Generally speaking, the information provided by a patient during psychotherapy sessions is legally confidential if the therapist is a licensed psychologist. If the information is legally confidential, the therapist can not be forced to disclose the information without the patient's consent.

There are certain exceptions to the general rule of legal confidentiality, including: if a patient appears to be a danger to self or others; or when treatment is provided pursuant to criminal or delinquency proceedings. Additionally, in the event of actual or suspected child abuse or neglect, I am required by law to report this to the Department of Social Services.

No information about you will be released to a third party without your express written permission.

As a sole provider in independent practice, I am unable to provide extensive or frequent emergency care. If you believe that you will need frequent emergency attention between scheduled sessions, please discuss this with me immediately so that I can refer you to a provider who can better serve your needs.

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

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

Patient

Therapist

Date