

Robin Goldstein-Lincoln, M.A., L.P.C., R.P.T.
1200 28th Street, Suite 301
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(303) 223-0727

Disclosure Statement for Supervision/Consultation of Psychotherapists

Ethical practice and state law require that you receive information regarding your rights as a Supervisee or Consultee in the state of Colorado.

I am a Licensed Professional Counselor (license #4628), a Registered Play Therapist, and a Certified EMDR Therapist with an M.A. in Curriculum and Instruction from the University of Denver (1994) and an M.A. in Counseling Psychology from the University of Colorado (1996). I am a graduate of Boulder's Hakomi Institute for Experiential Psychotherapy and a Level I Theraplay Practitioner.

As to the regulatory requirements applicable to mental health professionals: A Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-master's supervision. I have been licensed in the state of Colorado since 2007 (license #4628). Prior to private practice, I worked as a school counselor in Colorado and New York and as a staff psychotherapist at a community mental health center in New York.

Consultation will focus on counseling provided by the consultee as practiced in a clinical practice setting such as an agency or private practice. If applicable, the supervisor will support the supervisee's/consultee's progress toward certification and/or licensure. The relationship is designed to support your clinical growth and development.

The supervisee/consultee will be responsible for the following conditions and terms:

1. Registration with DORA at the appropriate level (registered psychotherapist, LPC).
2. Provide a copy of your disclosure form for my records.
3. Purchase of a \$1-\$3 million professional liability insurance policy and provide a copy.
4. To review the State of Colorado Code of Ethics and agree to conduct themselves in a professional and ethical manner per the above mentioned policies and codes.
5. To maintain primary responsibility for meeting all standards and qualifications set by the State of Colorado and all relevant organizations and government agencies.
6. To seek professional psychotherapy if personal issues arise that cannot be resolved within the professional supervisory relationship.

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In addition, Colorado law requires the supervisee/consultee to:

1. Protect confidentiality of every client.
2. During the initial intake session inform clients of the name of his/her clinical supervisor (for interns and/or unlicensed practitioners) and review his/her disclosure statement, which will be signed and kept on record.
3. Report suspicion and/or direct knowledge of abuse or neglect.
4. Report the intent to do harm to others (homicide) or self (suicide) of all clients.
5. Practice only within the areas of his/her professional expertise.
6. Not violate any of the Prohibited Actives in the Colorado Revised Statutes.

This contract is based upon mutual agreement of both Supervisor/Consultant and Supervisee/Consultee. Either party can cancel this contract immediately without cause.

The practice of counselors is regulated by the Colorado State Department of Regulatory Agencies. You can contact the grievance board if you have any concerns or complaints about the services you have received: 1560 Broadway, Suite #1340, Denver, CO 80202. Or you can call: (303) 894-7766.

The fee will be \$150 for a 50 minute session. My fee for phone consultations, paperwork requests, etc will be billed at \$3/minute. You can pay by cash, check or credit card. 24 hours notice is required for the cancellation of a scheduled appointment or you will be charged the full fee for the missed session.

By signing below, the supervisee/consultee affirms that she/he has read and reviewed this supervision/consultant contract/disclosure statement and agrees to all of the terms.

Supervisee/Consultee Name (please print)

Supervisee/Consultee Signature

Date

Supervisor/Consultant Signature

Date