

## **MANDATORY DISCLOSURE STATEMENT**

**DISCLAIMER:** This Mandatory Disclosure Statement is in compliance with § 12-43-214, C.R.S., of the Mental Health Practice Act, § 12-43-101 et seq., C.R.S. As a licensed mental health professional in the State of Colorado, I am responsible for ensuring that you and your treatment is in compliance with the provisions of the Mental Health Practice Act and any other state or federal statute governing the disclosure of information to clients. I am required to include the information below pursuant to § 12-43-214, C.R.S. .

### **Counselor Name, Address, and Phone Number**

Jesse Huebner, LPCC  
300 South Jackson, Suite 200, Denver, CO 80209  
720-515-3039

### **Explanation of Levels of Regulations**

In this section you will find an explanation of the levels of regulation applicable to mental health professionals under the Mental Health Practice Act and the differences between licensure, registration, and certification, including the educational, experience, and training requirements applicable to the particular level of regulation.

Please note that regardless of the area in which I practice, all of the following information must be included in my Mandatory Disclosure Statement in order to comply with § 12-43-214(1)(b)(I), C.R.S.:

A Registered Psychotherapist is a psychotherapist listed in the State'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.

A Certified Addiction Counselor I (CAC I) must be a high school graduate or equivalent, complete required training hours and 1,000 hours of supervised experience.

A Certified Addiction Counselor II (CAC II) must be a high school graduate or equivalent, complete the CAC I requirements, and obtain additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam.

A Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete CAC II requirements, and complete additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam.

A Licensed Addiction Counselor must have a clinical master's degree, meet the CAC III requirements, and pass a national exam.

A Licensed Social Worker must hold a master's degree from a graduate school of social work and pass an examination in social work.

A Licensed Clinical Social Worker must hold a master's or doctorate degree from a graduate school of social work, practiced as a social worker for at least two years, and pass an examination 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 Licensed Marriage and Family Therapist must hold a master's or doctoral degree in marriage and family counseling, have at least two years post-master's or one year post-doctoral practice, and pass an exam in marriage and family therapy.

A Licensed Professional Counselor must hold a master's or doctoral degree in professional counseling, have at least two years post-master's or one year postdoctoral practice, and pass an exam in in professional counseling.

A Licensed Psychologist must hold a doctorate degree in psychology, have one year of post-doctoral supervision, and pass an examination in psychology.

**Counselor's Degree:**

Master's in Clinical Mental Health Counseling, Denver Seminary

**Counselor's License:**

Licensed Professional Counselor Candidate (LPCC), CO license #LPCC.0016605

**Counselor's Experience:**

In order to obtain my LPCC, I needed to obtain a Masters in counseling including completing a professional practicum supervised by a licensed counselor and an internship supervised by a licensed counselor. Additionally, I have over seven years of mental health experience working in community mental health, addiction counseling, career counseling, group therapy, spiritual counseling, relationship counseling, and marriage and couples therapy. I have also completed clinical research with adolescents.

**Counselor's Supervisor:**

Dr. Monte Hasz, Psy.D., Licensed Psychologist, CO license #1818. 303/703-1717 ext. 231

**State Board Information**

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The State Board of Licensed Professional Counselor Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

**Methods and Techniques**

The counseling process looks different for everyone. Some individuals may only need a few sessions while others may be in therapy for more than a year. That is why I utilize an integrated approach of research based therapy techniques. I primarily specialize in Solution Focused Brief Therapy, which typically consists of eight to twelve sessions. I also utilize Trauma Informed Care and Person Centered approaches. For longer periods of counseling, I draw from Cognitive Behavioral Therapy and Rational Emotive Behavioral Therapy. In all of these techniques, my theoretical orientation is modeled on a Gestalt perspective.

## **Duration of Therapy**

The standard therapy hour is 45 to 50 minutes. Longer or shorter sessions can be arranged by speaking with me in person first. Rarely is therapy completed within one session. In order to complete your goals for coming to counseling, you should expect to meet with me for at least three to eight sessions. I also recommend meeting weekly for the best results. However, the specific length of therapy and frequency of sessions will be discussed during your first session.

## **Fee Structure**

Sessions are \$200 per 45 minute session. The client is expected to pay this at each session. A sliding fee scale of up to 50% is available. The sliding fee discount is calculated using the Federal Poverty Line, household annual income, and number of dependents. Please speak with me if you would like to be considered for the sliding fee scale.

## **Cancelation/No Show Policy**

Appointments must be canceled within 72 hours of the appointment start time. Late cancellation and no shows will be charged at the full session rate.

## **Termination**

At some point in the counseling process, our time together will come to an end. The hope is that termination is achieved when you reach the goals you set at the onset of counseling. However, termination might also be achieved at your own free choice. The counselor might also determine that the counseling process is no longer benefiting the counselee and terminate the professional relationship.

## **Second Opinion**

You may seek a second opinion from another therapist or may terminate therapy at any time.

## **Boundaries of a Professional Relationship**

Sexual intimacy and romantic relationships are never appropriate between the professional and client. Not only during treatment but as well as after treatment has terminated. Any violation related to this should be reported to the board that licensed, registers, or certifies the licensee, registrant, or certificate holder.

## **Records Retention**

Records and documents pertaining to your treatment will be kept for seven years as required by state regulations. After seven years records are permanently destroyed.

## **Confidentiality**

The information provided by you during therapy sessions is legally confidential in the case of licensed marriage and family therapists, social workers, professional counselors, and psychologists; licensed or certified addiction counselors; and registered psychotherapists, except as provided in § 12- 43-218 and except for certain legal exceptions which include:

- Court order
- Intent to kill yourself
- Intent to harm someone else
- Child abuse or neglect
- Grave disability

- Elder abuse or neglect
- Threats of terrorism

## Surprise/Balance Billing Disclosure Form

### Surprise Billing – Know Your Rights

Beginning January 1, 2020, Colorado state law protects you\* from “surprise billing,” also known as “balance billing.” These protections apply when:

- You receive covered emergency services, other than ambulance services, from an out-of-network provider in Colorado, and/or
- You unintentionally receive covered services from an out-of-network provider at an in-network facility in Colorado

### What is surprise/balance billing, and when does it happen?

If you are seen by a health care provider or use services in a facility or agency that is not in your health insurance plan’s provider network, sometimes referred to as “out-of-network,” you may receive a bill for additional costs associated with that care. Out-of-network health care providers often bill you for the difference between what your insurer decides is the eligible charge and what the out-of-network provider bills as the total charge. This is called “surprise” or “balance” billing.

### When you CANNOT be balance-billed:

#### Emergency Services

If you are receiving emergency services, the most you can be billed for is your plan’s in-network cost-sharing amounts, which are copayments, deductibles, and/or coinsurance. You cannot be balance-billed for any other amount. This includes both the emergency facility where you receive emergency services and any providers that see you for emergency care.

#### Nonemergency Services at an In-Network or Out-of-Network Health Care Provider

The health care provider must tell you if you are at an out-of-network location or at an in-network location that is using out-of-network providers. They must also tell you what types of services that you will be using may be provided by any out-of-network provider.

**You have the right** to request that in-network providers perform all covered medical services. However, you may have to receive medical services from an out-of-network provider if an in-network provider is not available. In this case, the most you can be billed for **covered** services is your in-network cost-sharing amount, which are copayments, deductibles, and/or coinsurance. These providers cannot balance bill you for additional costs.

#### Additional Protections

- Your insurer will pay out-of-network providers and facilities directly.
- Your insurer must count any amount you pay for emergency services or certain out-of-network services (described above) toward your in-network deductible and out-of-pocket limit.

- Your provider, facility, hospital, or agency must refund any amount you overpay within sixty days of being notified.
- No one, including a provider, hospital, or insurer can ask you to limit or give up these rights.

***If you receive services from an out-of-network provider or facility or agency OTHER situation, you may still be balance billed, or you may be responsible for the entire bill. If you intentionally receive nonemergency services from an out-of-network provider or facility, you may also be balance billed.***

If you want to file a complaint against your health care provider, you can submit an online complaint by visiting this website: [https://www.colorado.gov/pacific/dora/DPO\\_File\\_Complaint](https://www.colorado.gov/pacific/dora/DPO_File_Complaint).

If you think you have received a bill for amounts other than your copayments, deductible, and/or coinsurance, please contact the billing department, or the Colorado Division of Insurance at 303-894-7490 or 1-800-930-3745.

\*This law does NOT apply to ALL Colorado health plans. It only applies if you have a “CO-DOI” on your health insurance ID card.

Please contact your health insurance plan at the number on your health insurance ID card or the Colorado Division of Insurance with questions.

**Client Signature**

I, the client, have read the preceding information and understand my rights as a client or as the client’s responsible party.

\_\_\_\_\_

Print Client’s Name

\_\_\_\_\_

Client’s or Responsible Party’s Signature

\_\_\_\_\_

Date

If signed by Responsible Party, please state relationship to client and authority to consent:

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