

# Individual Disclosure Statement

**Kathy Narum RN, LPC**  
5370 Manhattan Cir. #203  
Boulder, CO. 80303  
303-993-5528,  
[kathynarum@yahoo.com](mailto:kathynarum@yahoo.com)

## **Degrees and Certifications:**

BA Human Biology - Stanford University August 1980  
BSN University of Colorado, June 1984  
MA Counseling with Honors, Denver Seminary, May 2005  
EMDR Level II, April 2006  
Brainspotting Oct. 2010  
Splankna Jan. 2011

## **Experience:**

Psychotherapist, Lost and Found 2004 - present  
Private Practice 2005-present  
Adjunct Professor Denver Seminary 2010-present

## **Licensure:**

State of Colorado Registered Nurse License No. 79205  
State of Colorado Licensed Professional Counselor License No. 5400

**Mental Health Regulation and Types of Licenses and Registration.** The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Colorado Board of Psychologist Examiners can be reached at 1560 Broadway Suite 1350, Denver, CO. 80202, 303-894-7800. As to the regulatory requirements applicable to mental health professional: A Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision. I am a Licensed Professional Counselor.

**Therapeutic Methods:** You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. Please ask if you would like to receive this information.

**Second Opinion or Termination:** You may seek a second opinion from another therapist or terminate therapy at any time. When you are ready to leave, I would like to help you to leave me well. Several weeks advance notice allows me to provide you with helpful referrals and plan for closure to our process. If this is not possible, I will still do my best to help you leave well.

**No Sexual Intimacy:** In a therapist-client relationship, sexual intimacy is never appropriate. If it occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section at the address listed above.

**Confidentiality:** Generally speaking, the information provided by and to the client in a professional relationship with a psychotherapist is legally confidential and the therapist cannot disclose the information without the client's consent.

Legal Exceptions: There are several exceptions to this general rule of confidentiality that are required by law.

- a) I am required to report to the County Child Protection Services or law enforcement any information disclosed to me about suspected incidents of current or past child abuse or neglect. I will also report suspected abuse or neglect of dependent elderly persons.
- b) If clients become a danger to themselves or to others, or are incapable of self-care, I am required to report threats of imminent physical harm by a client to a law enforcement and to the person(s) threatened in order to arrange for appropriate care and protection for the client and other involved persons.
- c) I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or others, or who is gravely disabled as a result of a mental disorder.
- d) I am required to report any suspected threat to national security or to federal officials.
- e) I am required to disclose treatment information when directly ordered by a court of law, or in the case of delinquency or criminal proceedings (except as provided in C.R.S. 13-90-107).

I will inform you of any other legal exceptions to confidentiality if they arise in therapy, or you may read about them in Colorado Revised Statute 12-43-218.

**Professional Consultation:** To ensure the quality of your care, I periodically consult with other experienced colleagues or field experts regarding issues pertinent to your therapy. When this occurs, your circumstances will be generalized and all identifying information will be concealed.

**Phone Policies:** Please leave any voice messages on my confidential voice mail at 303-993-5528, and I will return your call within 24-48 hrs. If an emergency arises, please call 911 or contact the community health center for your county: Boulder County 303-447-1665, 24-hr. crisis line, Longmont Area 303-678-6200 - 8am-5pm, Denver County 303-436-6266, 24 hr. crisis line.

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client's responsible party.

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist's signature

\_\_\_\_\_  
Date