

Informed Consent and Mandatory Disclosure Statement

Blaise A. Rastello DBA Hope in Boulder LLC
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(720) 463-2119

Introduction:

This agreement is intended to provide you, the client, with important information regarding the practices, policies, and procedures of Blaise Rastello, the therapist, and to clarify the terms of the professional therapeutic relationship between client and therapist. Any questions or concerns with the contents of this agreement should be discussed prior to signing. If you have any questions about the material contained in this statement, or about any aspect of our work together, please do not hesitate to ask.

My Educational Background & Experience:

I am a registered Licensed Addiction Counselor license number ACD.0001086 and a Licensed Clinical Social Worker CSW. 09926473 in the State of Colorado. I earned my Masters in Social Work at Western New Mexico university (2017) I earned my Masters of Business at the University of Phoenix (1991). I earned my Bachelor of Science degree in Communications at Northern Arizona University (1978).

I have been an Addiction Tech and Direct Care Counselor at Substance Abuse Residential treatment for adolescents and adults in Colorado from 2014 through 2018. I worked as an Addictions Specialist and Environmental Worker in residential and outpatient treatment for the severely mentally ill population 2016 to present.

I worked as a 12 Step & Relapse Prevention facilitator in three inpatient treatment centers in Central America from November 2012 through April 2014.

I worked as a high school teacher in a boarding school for troubled teens in Tucson, AZ from 2003 until 2011.

I have been in active addiction recovery personally for over 24 years.

Client Rights and Important Information:

1. 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 Board of Registered Psychotherapists can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 8947800. As to the regulatory requirements applicable to mental health professionals:

- Certified Addiction Technician (CAT) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- Certified Addiction Specialist (CAS) must complete additional required training hours and 2,000 hours of supervised experience, must have a bachelor's degree in behavioral health.

- Licensed Addiction Counselor must have a clinical master's degree and meet the CAS requirements and 3,000 hours of supervised experience.
 - 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 their profession and have two years of postmasters supervision.
 - A Licensed Psychologist must hold a doctorate degree in psychology and have one year of postdoctoral supervision.
2. Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: <https://dpo.colorado.gov/UnlicensedPsychotherapy/Applications>.
 3. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.
 4. You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy (if known), and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time.
 5. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.

Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates.

Any information shared during a session is kept confidential. From time to time, I also consult with colleagues, but in these circumstances, clients are not identified by name. Your signature below constitutes your permission for such consultations. I will not testify in court on any case, if asked, due to the damage this can do to the therapeutic relationship.

Payment Policy:

Psychotherapy: \$120 per hour and a \$85 per hour Insurance Rate (Verifiable Health Insurance)

I accept cash and credit cards as payment for psychotherapy services. *Payment is due in full either at the beginning or end of each session.* I will pro-rate my session fee for any additional time spent that is outside scheduled or planned session time. I do not accept insurance reimbursement. However, a receipt will be given to you and you may be able to obtain reimbursement from your insurance company according to your plan. All fees are ultimately your responsibility, even if your insurance company fails to reimburse you.

My policy for written reports, phone calls, summaries, consultations, etc. that are requested by you or by an insurance company/social services will also be charged at my hourly fee.

Cancellations:

The time of your scheduled appointment is reserved for you. If you need to cancel your appointment with me, *please do so at least 24 hours in advance. If your appointment with me falls on a Monday, please do your best to notify me the business day prior (Friday). If you cannot, simply state in your voicemail the weekend day and time you are calling.* If you fail to notify me within 24 hours, or if you miss an appointment, you will be charged the session fee. Insurance companies generally do not reimburse for missed appointments.

Messages and Telephone Calls:

My office hours vary Monday through Friday, however, every effort will be made to return calls within 24-48 hours, Monday through Friday. You may leave messages for me on my confidential voicemail at (720) 463-2119. There is no charge for brief phone calls. Calls lasting longer than 10 minutes will be charged on a pro-rated basis of my session fee.

Emergencies:

Although I am committed to checking messages and returning calls, I do not carry a pager and **I do not provide 24-hour coverage.** If you feel you are having a mental health emergency or if you feel you are having a true life or death emergency and you are unable to contact me, dial 911 for help or check yourself into the nearest hospital emergency room.

Generally speaking, I provide non-emergency psychotherapeutic services by scheduled appointment. Clients seen in outpatient psychotherapy are assumed to be responsible for their day-to-day functioning. If I believe your psychotherapeutic needs are above my level of competence or outside my scope of practice, I am legally required to refer you, terminate therapy, or seek outside consultation.

The Counseling Process:

Counseling has both benefits and risks. Benefits for people who undertake counseling often include a reduction of feelings of distress, more satisfying relationships, and resolution of specific problems. Growth nearly always brings change, and sometimes change, even positive change, causes stress. Potential risks of counseling involve recalling unpleasant aspects of your personal history that may bring up distressing thoughts and feelings. Due to the complexity of human behavior, there are no

guarantees that you will feel better or that your problem(s) will be resolved upon leaving my office. During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events and not grounds for alarm. Personal growth may be easy at times and at other times slow and frustrating. Progress and success may vary upon the particular problems and issues being addressed, as well as many other factors. If you have any concerns about your progress or the results of your counseling experience, please talk to me at any time during our work together.

It is always your right to terminate therapy at any time. I will always give you my professional opinion as far as the timing of termination and will be open to discussing this with you.

Thank you for reading this mandatory disclosure form in its entirety. If you have any questions or would like additional information, please feel free to ask.

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.

Print Client Name

Date

Client's or Responsible Party's Signature

Date

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

consent: _____

Counselor

Date

Statement of Therapeutic Orientation

I use **Humanistic Existential** therapy which is a kind of psychotherapy that promotes self-awareness and personal growth by stressing current reality and by analyzing and altering specific patterns of response to help a person realize his or her potential.

In addition Hope in Boulder employs the evidence based practice of **Motivational Interviewing (MI)**, a therapeutic approach designed to help people identify their readiness, willingness, and ability to change and to make use of their own change-talk. MI is a collaborative, therapeutic conversation with clients that addresses the common problem of ambivalence for change. As defined by William Miller, the creator of MI, its purpose is to strengthen the client's own motivation for and commitment to change in a manner that is consistent with said client's values. Therefore, rather than imposing or forcing particular changes, we "meet the client where the client is" and help her/him move toward his/her goals by drawing out and building his/her readiness to change.

I completed a Trauma Informed Care Practitioner Certification program in 2017.

I completed a Cognitive Behavioral Therapy (CBT) Intensive Training Certification in 2020.

I have 9 years experience using this orientation in a traditional psychotherapy setting in the treatment centers I worked in in Central America and Colorado between 2012 and 2021.