

**Kate King, MA, ATR, LPC**  
**Kate King Art Therapy & Psychotherapy, PLLC**  
**8341 S. Sangre De Cristo Rd. Suite 204. Littleton, CO 80127**  
**970.319.9960 – katekingtherapy@gmail.com – www.kateking.org**

## **DISCLOSURE STATEMENT**

Hello and welcome to my practice. Colorado state law requires that I provide you with a disclosure statement which outlines my credentials as a therapist and your rights as a client. The following statement covers the points on which you should be informed according to Colorado Revised Statute (C.R.S) 12-43-214. If you have any questions about the material contained in this statement or about any aspects of your work with me, please do not hesitate to ask.

My goal is to create a warm and trusting environment in which you or your child can feel comfortable enough to investigate patterns of behavior, thoughts, and emotions that may be interfering with specific areas of life. My counseling approach is based on the understanding that every person has the resources inside of them to provide themselves healing, restoration and personal growth. My role is to assist each client in their unique and individual process of discovering the effective tools in order to navigate their primary issues.

### **GENERAL INFORMATION ABOUT KATE KING, MA, ATR, LPC**

Kate King, MA, ATR, LPC

Kate King Art Therapy & Psychotherapy, PLLC

Address: 8341 S. Sangre De Cristo Rd. Suite 204. Littleton, CO 80127

Website: www.kateking.org

Email: katekingtherapy@gmail.com

Phone: 970.319.9960

Licensed Professional Counselor #: 0011240

Registered Art Therapist #11-234

### **EDUCATION AND TRAINING**

-MA Transpersonal Counseling Psychology: Art Therapy Emphasis, Naropa University, 2010

-BA Psychology, Studio Art, University of Denver, 2007

- ASIST trained suicide intervention officer, 2011

### **EXPERIENCE**

-Psychotherapist/Art Therapist Private Practice

Denver, 2010-Present

-Academic Advisor/Student Counselor

Naropa University, Master's Program, 2010-2011

-Art Psychotherapist Intern

Eating Disorder Center of Denver, 2008-2010

-Art Psychotherapist Assistant

Rise School of Denver, 2008

-Grief Counseling Art Psychotherapist Volunteer

Judi's House, 2008-2009

-Art Psychotherapist Assistant

Juvenile Diversion Counseling, 2007-2008

-Art Psychotherapist Assistant

Denver Children's Home, 2007-2008

### **PUBLICATIONS**

-King, K (2014). *The Authentic Mother: Creative Art Engagement to Support the New Parent*. Quantum Publishing Group. Denver, CO.

-King, K (2010). *Art therapy and family healing*. <http://www.circlesofseven.com/articles.php?recordID=52>

-Paparo, K (2010). *A bridge between eating disorders and art therapy*. Allen Ginsburg Library, Boulder, CO

### **PROFESSIONAL ASSOCIATIONS**

-Member, American Art Therapy Association

2009-Present

-Member, Art Therapy Association of Colorado

2009-Present

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### **THERAPEUTIC ORIENTATION**

My approach to therapy offers a holistic, preventative health model which incorporates artistic, verbal, and body-centered therapy. I operate from a transpersonal, person-centered standpoint, which considers each person in their mental, spiritual, physical, and emotional entirety. I believe that each person is capable of choosing their life path, and re-creating their life story along the way. I also believe in the inherent wisdom, strength, and wholeness that each individual holds within, which can provide guidance and support for them throughout life. I see psychotherapy as being an involved process for the client which requires genuine efforts toward health, as well as an authentic belief that growth, health, and stability are possible.

### **PROFESSIONAL FEE AND POLICIES**

My professional fee is \$125 per hour for individuals, and \$150 per hour for couples with cash/check payment, and \$128/\$153 for credit card payment. I do offer some decreased rates for those who qualify. Please ask me about this if you feel that you cannot afford my standard fee. Payment is due in full at the end of each session. I do not work with insurance at this time, but am happy to provide you with a receipt for your sessions to submit to your insurance company for reimbursement.

The time of your scheduled appointment is reserved for you. If you need to cancel or reschedule your appointment, please do so at least 24 hours in advance. It is my policy to charge in full for cancellations received with less than 24 hours notice. In the following situations you will not be charged for a last-minute cancellation: Sudden illness, unsafe driving conditions, and personal or family emergency. In the case of any of the above mentioned situations, I appreciate a phone call or email to inform me that you will not attend the session. I also reserve the right to cancel a session with less than 24-hours notice if I find myself in any of the above situations.

I will make every effort to return your call or email in a timely manner; however I may not be immediately available. I will return your call within 24 hours, however If you are unable to reach me and feel that you can not wait for my return call, please call 911 immediately. You may also call the Comitis Crisis Center at 303.343.9890. In addition, you can contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call.

**Art Materials:** During art therapy sessions I use a variety of creative and artistic materials to help you (or your child) to express and identify emotional patterns and find healing. I use a variety of real-life images from magazines, multiple artistic materials, and creative art directives that often include music, movement, guided imagery, writing, and artistic creation. Creative materials can often bring up deeply rooted emotions and reactions. Please understand that this is part of the art therapeutic process, and it can be both enlightening and challenging. I utilize imagery and directives that I consider appropriate for your (or your child's) therapeutic needs. Many of the images and directives provided during sessions are offered to inspire therapeutic healing through personal relatability, emotional triggering, or projection. If you have preferences for materials or images that you would prefer you (or your child) not be exposed to, please inform me of these preferences at the beginning of our work together.

### **CLIENT RIGHTS AND IMPORTANT INFORMATION**

The Colorado Department of Regulatory Agencies has the responsibility of regulating the practice of individuals who practice psychotherapy in Colorado. The agency within the Department that is responsible specifically for licensed and unlicensed psychotherapists is the Board of Psychologist Examiners, 1560 Broadway, Suite 1350. Denver, CO 80202. 303.894.7800.

At your request you have the right to receive information from me about the methods of therapy and techniques used, the duration of your therapy, and the fee structure. Early in our therapeutic relationship I will discuss with you the treatment plan, therapeutic objectives, and my view of the possible outcomes of treatment. Please do not hesitate to ask for this

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information and feel free to ask me any questions about my process and practice. You have the right to view your record and can release information from it to any person you designate by signing a Release of Information form. You may seek a second opinion from another therapist or terminate treatment at any time. In a professional relationship, dual relationships or sexual intimacy between client and therapist is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

**Confidentiality:** I will keep our sessions confidential, and will not release your records to any third party without your written permission. The Colorado Confidentiality Statutes C.R.S 12-43-218 provide that psychotherapists shall not disclose, without the written consent of the client, any confidential communications made by the client, or any advice given, in the course of professional employment. There are certain situations deemed by Colorado law in which confidentiality must be broken. You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided by C.R.S 13-90-107. Exceptions to confidentiality include:

- The case in which I am ordered by a judge to testify in court or provide your records or if I am sued by you or a third party
- If my client is mentally or physically incapacitated and I need to secure outside resources for your care
- If there is just cause to suspect you are intending to physically harm yourself or others
- In the case of abuse or neglect of a child or a dependant person
- In the case of a direct threat to national security or if you give evidence that you have committed a serious and violent crime
- If I have reason to suspect elder abuse or neglect, I must also report this to the legal authorities

If you choose to contact me by email or other technological device, I will try to ensure confidentiality but I cannot guarantee that those correspondences will not be viewed by system administrators or other unauthorized persons. Please do not contact me via fax or email in emergent situations. If a couple or a family is involved in the treatment, I cannot guarantee that confidentiality will be retained between the members of the couple or family.

**Records:** The laws and standards of my profession require that I keep treatment records for 7 years. This includes treatment notes, as well as any artwork or writings you create in session that you do not take home with you. You have the right to receive a copy of your paper or electronic record, request confidential communication, ask me to limit the information I share (within the limits of the above listed confidentiality and below listed minors descriptions), and get a list of those with whom I have shared your information.

I am required by law to maintain the privacy and security of your protected health information. I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. I will not use or share your information other than as described here unless you give me permission in writing (with the exception of confidentiality and minors descriptions in this form). If you inform me that I am able to share information about you, you may change your mind at any time in writing. Because these are professional records, they can be misinterpreted and/or may be misunderstood by untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Our normal fee will be charged to conduct a review meeting, and for any professional time spent in responding to information requests.

**Health Insurance & confidentiality of records:** Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/ EAP in order to process the claims. Only the minimum necessary information will be communicated to the carrier. When considering the use of your insurance for the reimbursement of services you need to be aware that at a minimum I must provide them a diagnosis, goals of treatment, your therapeutic progress and plan of treatment. Further, if you have an insurance policy which is reviewed by one of the managed health care companies I must provide them with detailed information as to your personal history, sexuality, HIV status, drug and alcohol use, problems and progress etc. Kate King, MA, ATR, LPC has no control or knowledge over what insurance companies do with the information she submits or who has access to this information. You should be aware that submitting a mental health

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invoice for reimbursement carries a certain amount of risk to confidentiality and privacy. Although insurance companies are subject to the same HIPPA guidelines as Kate King, MA, ATR, LPC, there is always the risk that your mental health information could be accessed electronically by unauthorized parties.

**Minors:** Colorado law states that at age 15 clients have the right to their own healthcare consent. Confidentiality applies to clients in this age group to the extent that you remain safe. If I feel that you are a threat to yourself or someone else, I have the right to contact your parents to help keep you safe. If you are under fifteen years of age, please be aware that the law gives your parents or guardians the right to obtain information about your treatment and/or examine your treatment records. I will do my best to be respectful about the amount and type of information shared with your parents/guardians. My priority is always to honor and nurture your trust in me and in our therapeutic relationship. I will strive to preserve the integrity of our professional relationship in my consultations with parents, but will need to report to them any serious concerns or feelings that there is a high risk that you will seriously harm yourself or another/others. Before providing them any verbal or written information, I will discuss the matter with you if possible. I will do the best I can to resolve any differences that you and I may have about what I am prepared to discuss.

**Regulatory Standards of Psychotherapists:** I am required to provide you with an explanation of the levels of credentials and regulations applicable to mental health professionals as follows: 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. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A licensed Social Worker must hold a masters degree 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 Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience. A CAC II must complete additional required training hours and 2000 hours of supervised experience. A CAC III must have a bachelors degree in behavioral health, and complete additional required training hours and 2000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training, or experience is required.

**Termination of Therapy:** If at any point during psychotherapy I assess that I am not effective in helping you reach the therapeutic goals, I am obliged to discuss this with you and, if appropriate, to terminate treatment. In such a case, I will give a number of referrals that may be of help to you. If you request and authorize it in writing, I will talk to the psychotherapist of your choice in order to help with the transition. If at any time you would like another professional's opinion or wish to consult with another therapist, I am happy to assist you in finding someone qualified, and, if you provide a written consent, I will provide the essential information needed. It is my policy to terminate my services if a client cancels five sessions within a year of treatment and/or does not pay fees as agreed upon. I will make appropriate effort to communicate with you prior to termination of services and provide you with pre-termination counseling as well as recommend other service providers and/or services, as needed. You also have the right to terminate therapy if you feel that your therapeutic needs are not being met, or if you would prefer to end the therapeutic relationship for any reason.

**Divorce and Custody Litigation, and Any Court-Related or Legal Involvement:** Due to the nature of the therapeutic process and the fact that it sometimes involves making a full disclosure with regard to matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce, injuries, lawsuits, depositions, testimonies, etc.), yours, your attorney's, or anyone else acting on your behalf will make an effort to avoid calling on Kate King, MA, ATR, LPC to testify in court or at any other proceeding, as well as to avoid a disclosure of the psychotherapy records be requested unless otherwise agreed upon. If Kate King, MA, ATR, LPC is requested to

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testify or provide therapeutic documents to be utilized for court proceedings or is called to testify in court, you agree that she will be compensated according to the following fee schedule for court related work:

Record Preparation: \$300/hour

Copy of Record(s): \$.50/page

Counseling Report: \$300/hour

Court Testimony or Deposition: \$450/hour – including time spent waiting to testify as well as travel time.

If you are involved in a divorce or custody litigation, my role as a therapist is not to make recommendations to the court concerning custody or parenting issues. By signing this disclosure statement, you agree not to subpoena me to court for testimony or disclosure of treatment information in such litigation and you agree not to request that I write any reports to court or to your attorney, making recommendations concerning custody. The court can appoint professionals who have no prior relationship with family members to conduct an investigation or evaluation and make recommendations to the court concerning parental responsibilities or parenting time in the best interest of your family's children.

**I have read the preceding information, it has also been provided verbally, and I understand my rights as a client.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date