



# Tame Your Rhino

Counseling for Social/Emotional Resiliency  
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720-260-2901 • tameyourrhino.com

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## MANDATORY DISCLOSURE STATEMENT

### Your rights as a Client

The practice of psychotherapy is regulated by the State of Colorado. Any questions, concerns or complaints may be addressed to the Department of Regulator Agencies, Mental Health Section, 1560 Broadway, Suite 1340, Denver, CO, 80202; 303-894-7766

You have the right to receive informational about the methods of therapy, the techniques used, the planned duration of therapy and the fee structure. You may seek a second opinion from another therapist, or may terminate therapy at any time. In a professional relationship, sexual intimacy is never appropriate and should be reported.

Generally speaking, information provided by a client during therapy sessions with a licensed psychotherapist is legally confidential; both verbal information and written records about a client cannot be shared to another party without the written consent of the client or the client's legal guardian. Exceptions to confidentiality exist in situations where disclosure of confidential information is required by law (for example: threat of serious harm to self or others as in the case of suspected child abuse, suicide, homicide intent, grave disability or when a court order requires disclosure). Also, you authorize with your signature below that in the event of my death or grave disability, one of my colleagues may review the confidential information in order to advise you of options for the continuity of treatment.

You can call me anytime at the above phone number and leave me a message and I will get back to you within 24 hours. In a life threatening emergency, please call 911 or go to the nearest Emergency Room. To ensure maximum benefit from your treatment experience it is recommended, though not required that when you make an independent decision to terminate therapy, a final session be completed with me to provide closure and/or transition to your next chapter. Most importantly, if you have any doubts or questions, please feel free to ask for more information.

### My Credentials

I hold a Masters Degree in Alternative Education from the University of Colorado at Boulder and a Masters in Social Work from the University of Denver Graduate School of Social Work. I have been licensed in the State of Colorado as a Clinical Social Worker since 2008. My license number is #1180.

**Fees and Payments**

Fees will be collected before a session. Fees may be paid by Paypal, Cash, Check, Credit Card or through a Health Savings account number. If you choose to use insurance to pay for your therapy, your signature below indicates that you authorize the release of any information necessary to process insurance claims, and that *you authorize your insurance company to pay me directly for the services provided by me.*

**CANCELLATION POLICY**

If you fail to cancel a scheduled appointment, my time to serve another client is lost. A full session fee is charged for missed appointments or cancellations with less than a 24-hour notice unless it is due to illness or an emergency. Clients who do not show up for, or cancel an appointment without notice will be billed directly.

With my signature below, I acknowledge that I have read and understood the proceeding information, that I have received and read the "What To Expect From Therapy" and that I agree to the above limits of confidentiality and understand their meanings and ramifications. I agree to participate in therapy under these conditions.

\_\_\_\_\_

Client Signature (Client's Parent/Guardian if under 18)

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Today's Date