

**Disclosure Statement of**  
Melissa Houser  
2870 N. Speer Blvd Suite 206  
Denver, CO 80211

**Degrees**

PhD in Counseling Psychology, University of Denver (Anticipated 2015)  
Master of Arts in Counseling, Colorado Christian University, December 2006  
Bachelor of Music in Music Therapy, Appalachian State University, August 2004

**Licensure & Certifications**

Licensed Professional Counselor, #5171  
Certified Addictions Counselor Level II #6712  
National Certified Counselor, #07359  
Board-Certified Professional Counselor  
Music Therapist-Board Certified  
Certificate in Sandplay Therapy

**Professional Affiliations**

American Psychological Association  
American Psychotherapy Association  
Rocky Mountain Psychological Association

The Colorado State Department of Regulatory Agencies regulate the practice of both licensed and unlicensed persons in the field of psychotherapy. If you, as a client, have any questions, complaints, or concerns regarding this agency or your therapist's practice of mental health, you have the right to contact the Colorado Department of Regulatory Agencies. This agency has the general responsibility of regulating the practice of persons practicing psychotherapy in the state of Colorado. I am currently a Licensed Professional Counselor, and as such, you should contact the Licensing board for Licensed Professional Counselors within the Department of Regulatory Agencies should you desire to file a grievance against me.

Colorado Department of Regulatory Agencies  
1560 Broadway Suite #1340  
Denver, CO 80202  
303-866-7480

DBH Colorado Department of Human Services  
4055 S. Lowell Blvd.  
Denver, CO 80236

**Client Rights**

Colorado Law requires that this agency inform you that in any professional psychotherapeutic relationship, such as ours, sexual intimacy is never appropriate and should be reported to the Colorado Department of Regulatory Agencies.

You are entitled to receive information from your counselor about methods of counseling, the techniques utilized, duration of your services, and the cost of services. You have the right to seek a second opinion from another counselor at any time, but I hope that we can discuss concerns before this is warranted.

**Appointments/Cancellations**

All appointments will be scheduled between the counselor and client. 24 hour notice is required to cancel or reschedule appointments. Exceptions are made only for emergency circumstances.

## Confidentiality

Information discussed in a counseling session is generally considered legally confidential. There are certain exceptions to confidentiality, which are listed below:

- 1) All professionals are required to report suspected child abuse to proper authorities.
- 2) Your counselor may take action, if she deems you are in danger of doing serious harm to yourself (suicide), to another (homicide), or if you are gravely unable to take care of yourself.
- 3) Supervision/Consultation with other professional staff and Dr. Byron Norton. These professionals are ethically and legally required to hold what we discuss in confidence & I will avoid disclosure of personally identifying information.
- 4) State Grievance Board actions or a subpoena by a judge.

I understand that my treatment records are protected under the federal regulations governing Confidentiality of Patient Treatment Records, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that during experiential methods such as art or sand tray, photos may be taken with my permission, and that this will become a part of my clinical file. I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

If other issues of confidentiality or questions about the process arise during counseling, they will be discussed between counselor and client at that time.

I have read the preceding information and understand my rights as a client. I agree to enter into a counseling relationship with the above-named counselor and give my consent to be treated by this counselor.

_____	_____	_____	_____	_____	_____
Client Signature	Date	Client Signature	Date	Client Signature	Date

_____	_____
Counselor's Signature	Date