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303-396-8084

## **Disclosure Statement**

### **1. MY DEGREES, CREDENTIALS, & CERTIFICATIONS:**

Naropa University, Boulder, CO 1998-2001  
\* MA, Transpersonal Counseling Psychology

The Colorado College, Colo. Spgs., CO 1991-1993 \* Bachelor of Arts

Psychology/Pre-Med Cornell University, Ithaca, NY  
\* Psychology/Pre-Med

Internal Family Systems Training, Longmont, CO

2004 Hypnotherapy, Past-Life Regression Certification, 2007 Between-Lives Regression Certification,

2008 Sensorimotor Psychotherapy Level 1 Certification,

2009 Advanced Hypnotherapy Certification

2009 Mind-Energy-Body (Me-B) Transformation Certification

2010 Body-Mind Somanautic Certification, 2009-2011

PACT Level III, 2014-2016

### **2. GRIEVANCE PROCEDURE:**

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of Licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapist, licensed school psychologists practicing outside the school setting, and unlicensed individuals who practice psychotherapy.

The agency within the department that has the responsibility specifically for licensed and unlicensed psychotherapists is the Department of regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1370, Denver, CO 80202, (303) 894-7766.

### 3. CLIENT RIGHTS:

- You are entitled to receive information from me about my methods of therapy, the techniques use, the duration of your therapy (if I can determine it), and my fee structure.  
You can seek a second opinion from another therapist and/or terminate therapy at any time.
- In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the department of Regulatory Agencies, Mental Health Section.
- Generally speaking, the information provided by and to a client during therapy session is legally confidential if the therapist is a licensed marriage and family therapist, a licensed social worker, a licensed professional counselor, a licensed psychologist, or an unlicensed psychotherapist. If the information's legally confidential, the therapist can not be forced to disclose the information with out the client's consent.
- Information disclosed to a licensed marriage and family therapist, a licensed social worker, a licensed professional counselor, a licensed psychologist, 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.
- There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S. There are exceptions to the general rule of legal confidentiality. These exception include intent to harm others or yourself; abuse or excepted abuse of children, and possibly the abuse of elderly or others unable to care for themselves, neglect or suspected neglect of children; subpoenaed testimony in criminal court case, and orders to violate privilege by judges in child custody and divorce cases. You should be aware that, except in the case of information given to a licensed psychologist, legal confidentiality does not apply in a criminal or delinquency proceeding. There are other exceptions that I will identify to you as the situations arise during therapy.

### 4. FEES:

I charge \$175/hour. I accept cash, personal checks and credit cards. Credit card payment incurs a slight additional charge to cover interest fee.

### 5. COUPLES COUNSELING:

The therapist holds to a "no secrets" policy. All members of the couple system are treated equally, and the therapist does not keep secrets. As such, ALL types of communication, whether by phone, text, and/or email need to include both members of the couple system. If this therapist receives communication from one partner that doesn't include the other, this therapist will then forward such communications to the other partner such that everyone is in the know.

## 6. DISCLOSURE REGARDING DIVORCE AND CUSTODY LITIGATION

If you are involved in 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 for disclosure of treatment information in such litigation; and you agree not to request that I write any reports to the 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 to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family's children.

## 7. MY PRACTICE

I provide non-emergency psychotherapy by scheduled appointment only. If I believe your therapeutic issues are above my level of competence, or outside my scope of practice, I am legally required to refer, terminate, or consult. If, for any reason, you are unable to contact me by telephone, (303) 396-8084, and you are having a true emergency, please call 911 or check yourself into the nearest hospital emergency room.

## 8. CANCELTION POLICY:

I require a 24 hour notice on all scheduled appointments, or payment is required in full, unless an emergency situation.

If you have any questions or would like additional information, please feel free to ask.

I am in the independent practice of psychotherapy. Although I share office space with other practitioners, we are not in partnership together, we are not practicing in association with each other, and we do not supervise each other's work.

I have read the preceding information and understand my rights as a client.

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Client Signature

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Date

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Client Signature

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Date

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Therapist Signature

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Date