

# LIFELONG

## Adult Education Services, Inc.

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Denver, Colorado 80204  
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## DISCLOSURE STATEMENT

### CLINICAL STAFF

#### **Shana Cohen, M.S.S.A., L.C.S.W.**

##### **Licensed Clinical Social Worker #1178**

Master of Science in Social Administration, Case Western Reserve University, 2005. Bachelor of Science, Organizational Communications, Bachelor of Arts, Psychology, Ohio University, 2002.

#### **Mary Costa, M.A.**

Master of Arts, Applied Linguistics, University of Colorado, 1995.

Bachelor of Arts, ESL and Spanish as a Second Language Curriculum Development, University of the Americas, Mexico City, 1985.

#### **Ben DeVoss, M.A., L.P.C.**

Master of Arts, Counseling Psychology, University of Colorado at Denver and Health Sciences Center, 2006. Bachelor of Arts, Psychology, University of Kansas, 1999.

#### **Dana Grote, Ph.D.**

##### **Licensed Clinical Psychologist # 2629**

Doctor of Philosophy, Clinical Psychology, University of Detroit Mercy, 2000. Master of Arts, Clinical Psychology, University of Detroit Mercy, 1998. Bachelor of Science, Psychology, Colorado State University, 1995.

#### **Leah Lemoine, B.S.**

Bachelor of Science, Montana State University, 2005

#### **Gary C. Macdonald, Ph.D.**

##### **Licensed School Psychologist #239793, Licensed Clinical Psychologist #3052**

Doctor of Philosophy, School Psychology, University of Northern Colorado, 1994.

Bachelor of Science, Psychology, Colorado State University, 1984.

#### **Lindsey Spraker, LSW**

##### **Licensed Social Worker**

Master of Social Work, University of Denver, 2009. Bachelor of Science, Therapeutic Recreation, University of Wisconsin, 2006

**CLIENT RIGHTS DEFINED UNDER CRS 12.43.214(1)**

- A. You are entitled to receive information about methods of therapy, techniques used, duration of therapy if it can be determined, evaluation tools, and the fee structure.
  
- B. You may seek a second opinion at any time. Both the client and therapist reserve the right to terminate therapy at any time. In a professional relationship, sexual intimacy is inappropriate and should be reported to the Grievance Board. The practice of licensed and unlicensed psychotherapists is regulated by the Department of Regulatory Agencies. Questions or complaints may be addressed to the Colorado State Grievance Board, 1560 Broadway, Suite 1350, Denver, CO 80202, 303/894-7766.
  
- C. The information provided by and to a client during therapy sessions and evaluations is legally confidential when provided by licensed psychologists or therapists and unlicensed associates or therapists practicing under supervision with the following exceptions:
  - In the case of serious threat to harm self or others or instance of grave disability.
  - Suspected child/elder abuse or neglect.
  - When written permission is given to share information with other interested agencies or parties.
  - If services are provided through a third party referral, written reports and exchange of information may be relayed to that individual or agency via mail, fax, phone or e-mail.
  - Legal confidentiality does not apply in criminal or delinquency proceedings, except in the case of information given to a licensed psychologist.
  - If legal action is taken against the therapist or agency, confidentiality may be waived.
  - At times, professional consultation may be sought. Identifying information will be kept to a minimum and confidentiality will be protected by that professional.
  - Office support staff may have access to limited confidential information. This information is protected from further disclosure.
  
- D. This agency does not provide 24-hour emergency services. Emergency services are available through County Mental Health Agencies or by dialing 911. Messages may be left on office voice mail at any time. An attempt will be made to respond to calls within 24 hours after receiving the message during the weekdays or on the first workday following a weekend or holiday.
  
- E. Payment is expected at the time of service unless you have been referred by a sponsoring agency such as the Denver Department of Human Services. Missed appointments or cancellations less than 24 hours in advance may be billed for at the service rate. Unpaid balances may be sent to collections. Length of appointments vary depending on the type of service being provided.
  
- F. I understand that my records may be shared with my Catholic Charities navigator if my case is transferred \_\_\_\_\_(Please initial)

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

I understand the preceding information and understand my rights and responsibilities as a client. My signature verifies that I have been offered a copy of this Disclosure Statement.

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

Therapist/Representative Signature \_\_\_\_\_ Date \_\_\_\_\_