

## ***Karen DeClerk, MA, LPC***

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Boulder, Colorado 80304

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### **DISCLOSURE AND PRACTICE POLICY STATEMENT**

**Professional Information:** I received my Master of Arts in Transpersonal Counseling Psychology from Naropa University in 2004. I also have a Masters of Business Administration (1986) and a Bachelor of Science (1985) from Arkansas State University. In addition, I have certificates in western herbalism from the Rocky Mountain Center for Botanical Studies (1995) and Herbal Traditions Internship Program (2001). My theoretical orientation is Integrative (Psychobiological Approach to Couple Therapy, Internal Family Systems, and Jungian Psychology, with a generous sprinkling of the Wise Woman Herbal Tradition). I am a Licensed Professional Counselor (LPC, #5007) in the State of Colorado.

My purpose in providing information about plants, when appropriate, is simply to provide education in alternative supportive practices. I consider plants and foods to be nutritional assets to our overall health and although I personally believe plants are a part of good health, I make no claims for their medicinal actions. Any information offered is done so on the basis of research, scientific evidence and traditional uses. I am not a medical doctor and I do not issue diagnosis or suggest medical solutions. Please check the advice of a licensed health care practitioner for your medical needs.

The Colorado Department of Regulatory Agencies has the responsibility for regulating my practice. The specific agency with the responsibility for licensed and unlicensed psychotherapists is the State Grievance Board, 1560 Broadway, Suite 1370, Denver, Colorado, 80202, (303) 894-7766.

**Client Information:** You may always ask questions about my methods of therapy, seek a second opinion from another therapist, or terminate therapy at any time. In addition, if I think it is in your best interest, I may refer you to another therapist more suited to your needs. In a professional relationship, sexual intimacy between therapist and client is never appropriate. If this occurs, it should be reported to the State Grievance Board.

Information provided by and to a client during therapy sessions is legally confidential and cannot be disclosed without your consent. Video recordings of couple sessions are not part of your record. You should know, however, that it is the law and my policy only to accept clients who waive confidentiality under the following circumstances:

- If there is suspicion of child or elder abuse or neglect, past or present.
- If I determine that you are a danger to yourself or to others.
- If you provide written consent to release information.
- If a court of law issues a legitimate subpoena or if you are involved in criminal proceedings.

In addition, I consult with a clinical supervisor on a regular basis and there may be times when I may consult with an additional colleague or other professional. Client confidentiality is protected during consultation.

## POLICIES

**Fees:** My fee for individual psychotherapy is \$100.00 per fifty-minute session and for couples, \$120.00 per hour. Unless other arrangements have been made, you are responsible for full payment at the time of each session. EAP client fees are paid by employer's plan.

**Insurance Coverage:** If you have insurance coverage, I gladly to give you a monthly billing statement that you may then submit to your insurance company for reimbursement, but you are responsible for determining if my services are covered under your particular insurance plan.

**Telephone Calls:** Your needs are very important to me and I will return your calls as promptly as possible, typically within 24 hours. There may be times when I am away from my phone and may not be able to return your call within 24 hours. Unless other arrangements have been made, I do charge for conversations lasting longer than ten minutes.

**Emergencies:** I do not provide 24 hour emergency contact assistance. If you need emergency assistance, you may call the Boulder County Crisis line at 303.447.1665, go to your nearest emergency room, or dial 911.

**Cancellations:** Since my time has been scheduled specifically for you, there is a full fee charge for cancellations made less than 24 hours in advance (emergencies excluded).

*\*\*Please note that any additions or exceptions to these policies will be indicated below.*

If you have any questions at any time or would like additional information, please ask.

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Client Name/Signature

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Date

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Client Name/Signature

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Date

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Date

*\*The following are exceptions to the above policies:*