



(303) 709-7601

**Lori Bennett, LCSW**

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PO BOX 4174  
BOULDER, CO 80306  
CO LIC. #992969

## **THERAPIST DISCLOSURE STATEMENT**

### **BIO**

I received my Masters in Social Work in 1983 from Boston University, and have been in private practice as a psychotherapist serving adults for over 35 years. I am currently licensed in the state of Colorado as a Clinical Social Worker, CO license #992969. I am primarily an individual therapist, but am familiar with working with couples as well as groups. My training is in ego psychology and long-term psychodynamic treatment, but my approach is an eclectic, individualized one, based on my client's needs. I can be directive and give feedback if desired, or I can guide you to find answers within yourself. My expertise is in the areas of depression, anxiety, PTSD, bereavement, women's issues, and surviving childhood abuse and neglect.

### **CONFIDENTIALITY**

All counseling discussions are held in the strictest confidence. I am, however, mandated to disclose information if a client is planning a suicide attempt or is a danger to others. If mandated disclosure takes place, the client is informed prior to that disclosure.

### **PAYMENT INFORMATION**

Online payment via Paypal.com or Zellepay.com is expected either prior to or at the time services are rendered. Each session is 50-55 minutes in duration. The session fee is \$110.00. In circumstances of hardship, a sliding fee scale of \$85 to \$110 is utilized, in which the client chooses the amount she can afford.

### **INSURANCE INFORMATION**

I no longer accept direct payment from commercial insurance companies. I can email you an itemized statement of services rendered at the end of each month if you would like to submit it to your insurance company for possible reimbursement, or to your Health Savings Account. Before using your insurance for mental health services, please consider that each statement must be accompanied by a diagnosis in order for you to be reimbursed. Many insurance companies require electronic submissions from therapists; your mental health diagnostic information may be available online.

## **YOUR RIGHTS AS A CLIENT**

In accordance with the State Mental Health Statute in Colorado, the following is a partial list of therapist violations:

A therapist cannot:

- Have sexual contact with a client. This includes inappropriate touching, not just intercourse. This is a criminal act in addition to being a violation of law regarding psychotherapy.
- Violate confidentiality.
- Give care outside of an area of competence.
- Fail to refer a client when there is a need for a referral.
- Fail to stop therapy when a client is not benefiting from therapy.
- Have a dual relationship with a client that may interfere with good judgment, such as loaning a client money, having an employee for a client, or having a relative as a client.
- Order unnecessary tests or perform unnecessary treatment.
- Fail to supervise another therapist properly.
- Fail to give the client a mandatory disclosure form.
- Fail to report to the Grievance Board if they have 'direct knowledge' that another therapist committed a violation.
- Use false or misleading advertising.
- Commit insurance fraud.
- Have problems with drugs or alcohol.
- Give kickbacks to someone who refers clients.
- Fail to treat according to the generally accepted standards of practice. A malpractice judgment is seen as conclusive evidence that this standard is not met.

If you think any therapist has violated your rights or caused you harm, you should contact the Colorado State Grievance Board to file an official complaint:

### **Colorado State Grievance Board**

1560 Broadway, Suite 1340

Denver, CO 80202

Telephone: (303) 894-7766

If additional information is desired about the National Association of Social Workers' Code of Ethics, you may contact:

### **NASW, Colorado Chapter**

3600 South Yosemite, Suite 370

Denver, CO 80237

Telephone: (303) 753-8890

## **CANCELLATION POLICY**

There is a 24-hour cancellation policy that applies to all scheduled appointments. If you are unable to attend a scheduled session and cannot give 24-hour notice, you will be charged half of your usual session fee. This fee was created in consideration of the fact that the appointment time was held for your use.

## **EMERGENCIES**

This office provides non-emergency services only. If you have a mental health emergency, you can reach the Mental Health Center of Boulder and Broomfield Counties at **(303) 447-1665**, 24 hours a day.

If you have a non-emergency concern and need to reach me prior to your next scheduled appointment, feel free to email me at [speakwithlori@aol.com](mailto:speakwithlori@aol.com), text or call (303) 709-7601 and leave a message. I will return your email, call or text within 24 hours. If you do not receive a response in that time frame, please contact me again, as it is likely I did not receive your message.

If I am unavailable due to vacation, a qualified back-up therapist will be available to you.

## **QUESTIONS**

If you have any questions or concerns not addressed in this disclosure statement, please do not hesitate to speak with me about them.

## **VERIFICATION**

I have read and understand the contents of this disclosure statement, and have been given a signed copy of the statement prior to the commencement of therapeutic treatment.

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Client Signature

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Date

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Print Name

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Therapist Signature

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Date