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Disclosure Statement and Consent to Services

The State of Colorado (C.R. S. 12-43-214) requires that I provide you with a disclosure statement outlining my credentials as a psychotherapist and your rights as a client. For additional information on my education, history of work, and publications, please go to my website. If you have any questions about the material in this statement or about any aspect of your work with me, please do not hesitate to ask.

I am a licensed clinical psychologist (License # 2143). I completed a doctorate at the University of Denver in 1994 and a two-year post-doctoral fellowship in child/adolescent psychology at Menninger in 1996. I received a Master of Arts in psychology from the University of Colorado, Denver in 1984. From 1982-1987, I underwent training with the Inter-Regional Society of Jungian Analysts. I was certified as a Somatic Experiencing Practitioner (three year training) in 2005 and as a Biodynamic Cranial-Sacral Therapist (two year training) in 2011. I abide by the ethical guidelines of the Colorado Psychological Association.

The State requires listing of the requirements applicable to different types of mental health professionals: Psychologists must have a doctoral degree in psychology and at least one year post-doctoral supervision. Licensed Clinical Social Workers, Marriage and Family Therapists, and Professional Counselors must hold a masters degree and have two years post-masters supervision. A Licensed Social Worker must hold a masters degree. "Candidates" in all of the above fields must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. Certified Addiction Counselors I (CAC I) must have a high school degree and completed required training hours and 1000 hours of supervised experience. A CAC II must complete additional required training hours and 2000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health and complete additional required training hours and 2000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements. Registered Psychotherapists are not licensed or certified but they are listed with the State Board of Registered Psychotherapists. No degree, training or experience is required of them.

I have been trained to work with infants, children, adolescents, adults, couples, families, and groups. My training includes psychodynamic, family systems, somatic, brainspotting, and cognitive-behavioral approaches. Generally, I first do an assessment (either formal testing or clinical interview) to understand your inner and outer resources and difficulties. Then I explain a therapy approach that may meet your needs, give an estimate of time such approach may take, and address any concerns or questions you may have. This process helps us to explore whether we can work well together. If you decide not to work with me or if I believe that I cannot be of help, I will do what I can to refer you to other resources. We will also discuss payment, either by way of a sliding scale self-pay fee or through insurance. Please be aware that if you use insurance, a diagnosis and sometimes other clinical information is required by insurance companies. You will be responsible to obtain initial authorization and information about benefits from your insurance company.

For all clients, I charge \$50 for missed sessions or for those cancelled with less than a 24-hour notice. If we can schedule a session later in the week of your missed session, this fee will be waived.

If you are dissatisfied with treatment, please let me know. You are free to seek a second opinion from another therapist. You are also free to end therapy at any time unless you are court ordered to treatment.

The practice of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Psychologist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, CO 80202, 303/894-7800. Two major areas of client protection are: 1) Sexual intimacy is never appropriate in a professional relationship such as ours. Such intimacy should be reported to the Board. 2) Generally, information you provide during sessions (Protected Health Information or PHI) is legally confidential and cannot be disclosed without your consent (or parental consent for minors.) There are exceptions to this listed in Colorado (CRS 12-43-218) and federal law (HIPAA Notice of Privacy Practices), e.g., risk of child, elder, and dependent adult abuse or neglect, risk of suicide or serious harm to another, grave disability, a court order to disclose, informed written consent by the client or his/her responsible party, sharing with other professionals for the purpose of diagnosis and treatment, and information for billing and collection agencies. If a legal exception arises during therapy, you will be informed of it when feasible.

I cannot ensure confidentiality when a message is sent via email or phone (texts and voicemails) as it transmits through a non-encrypted system especially if others (family, boss, Internet/phone server, etc.) can access your phone and computer or are nearby when you talk on the phone or use the computer. I sometimes schedule, bill, check in, and send educational information by these means. If you do not want such communication, please initial the sentences below and let me know how I can communicate with you. Also, please let me know if there are any of your phone numbers or e-mail addresses where you do not want messages left. If you have contacted me by e-mail and left phone numbers for return calls, I will presume consent to such contact.

I have read the preceding information and your HIPAA Notice of Privacy Practices (or been told them verbally if I cannot read), and I understand my rights as a client (or as the client's responsible party such as parent or guardian.) I understand that I may receive treatment even if I do not consent to transmission of PHI by unsecured means, and that if I consent to such transmission, I may terminate consent at any time.

Client or Responsible party Date Lois Vanderkooij, PsyD, SEP, BCST

Printed name Date of Birth

 I do not want e-mail communication I do not want messages sent by text or voice mail
Initials Initials

Or if contact through electronic means is generally OK, please do not e-mail me at or leave messages at:

Free mental health emergency services: 844-493-8255 (This number can be called at all times)