



## PROFESSIONAL DISCLOSURE Statement

**Brad Graham, M.Ed., LPC**  
3985 Wonderland Hill Ave., #102  
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303.534.7773  
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[www.collaborativecareers.com](http://www.collaborativecareers.com)

It is important to me that you know how we will work together. I believe that our work will be most helpful to you when you have a clear idea of what we are trying to accomplish. This document is intended to provide answers to some commonly asked questions clients have about the process.

### This document includes information about:

- ✓ Risks and benefits of counseling
- ✓ Goals of our work together
- ✓ My methods of counseling
- ✓ How I handle money matters
- ✓ Other important areas of our relationship
- ✓ Length of counseling

Please read this document in its entirety. Please highlight certain areas and/ or write down any questions that you might have so we can discuss them the next time we meet. At the end of this review, I will ask that you sign and date this document and return it to via Adobe Sign or manually. You are more than welcome to retain a copy for your records.

### MY CREDENTIALS, WORK EXPERIENCE, & AFFILIATIONS

I am a Career Counselor holding a Master's Degree in Human Resource Studies, Counseling and Career Development Specialization, Career Counseling Emphasis from Colorado State University. During my education, I participated in a 30-hour supervised practicum, counseling young adults/ adults who sought counseling for a wide variety of reasons. I also was required to complete a 600-hour supervised internship at the University of Colorado's Career Services. Post-academic, I have undergone a 2-year, 2000 hour supervised training in order to attain my Licensed Professional Counselor (LPC) in the State of Colorado. I hold these qualifications and maintain these professional affiliations:

- I am currently Licensed Professional Counselor (Lic#LPC.0013680) with the State of Colorado by the Mental Health Licensing Section of the Division of Regulatory Agencies.
- I have a Master's Degree from Colorado State University in Fort Collins, Colorado; this is a program that was approved by the Council for Accreditation of Counseling and Related Educational Programs (CACREP).
- I am a National Certified Counselor (NCC) through the National Board of Certified Counselors.
- I completed a year long/ 600 hour supervised internship at the University of Colorado's Career Services in Boulder, Colorado.
- I completed the Myers Briggs Type Indicator (MBTI) Training for the Type I and Type II assessments and am certified by the CPP in order to administer this assessment.
- I am a professional member of the Colorado Career Development Association (CCDA).

### AN EXPLANATION OF THE LEVELS OF LICENSING IN COLORADO

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The State Board of Registered Psychotherapist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals:

- ❖ Registered psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.
- ❖ Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.





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- ❖ Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.
- ❖ Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.
- ❖ Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements.
- ❖ Licensed Social Worker must hold a master's degree in social work.
- ❖ Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.
- ✔ Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-masters supervision.
- ❖ A Licensed Psychologist must hold a doctorate degree in psychology and have one year of postdoctoral supervision.

### WHAT TO EXPECT FROM OUR RELATIONSHIP

As a counselor in the State of Colorado, it is my duty to adhere to the guidelines set forth by the State of Colorado's Department of Regulatory Agencies (DORA) and to follow the standards of the American Counseling Association (ACA). Following the ACA guidelines, limits are placed upon the client - counselor relationship, which in turn protects both parties during this crucial work.

The state laws and the rules of the ACA require me to keep what you tell me confidential. However, I am an Mandated Reporter, meaning that if what you are disclosing to me gives an indication that you are going to harm yourself or another person, I have the right to break this confidentiality. Also, if I believe or suspect you or another person is abusing a child, an elderly person, or a disabled person, I will have to contact the appropriate authorities.

In addition, in a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or verifies the license, registrant or certificate holder. (303) 894-7800.

Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes, as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: [www.dora.colorado.gov/professions/registeredpsychotherapists](http://www.dora.colorado.gov/professions/registeredpsychotherapists)

I will work as hard as I can to keep our work together confidential. This means that I will keep your name, contact information, and all records confidential and in a locked or encrypted environment. I will keep your records for a period of 5 years after our work is done. After that, the records will be destroyed or deleted. If you agree to have me consult with another individual based on your needs, i.e. a doctor or another therapist, I will need written permission from you.

At times I may consult with another practitioner. During these times, I may discuss the nature of what we talk about, but I will always leave out identifiable information in order to keep your identity concealed. Consulting with other practitioners helps me to better assist you and is a common practice between many counselor and therapists.





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### WORKING TOGETHER

Because you will be putting a great deal of time, money, and energy into counseling, you should choose a counselor carefully. I believe that you need to feel comfortable working with me and in my environment in order for us to move forward. Research indicates that above all else, the therapeutic relationship between the client and the counselor can be more effective than by just doing counseling on theoretical models alone. So, I would like to trust that you are thinking about our work together and if you like the direction that we are going together.

In my work, I try to be both holistic and systematic. I understand that the world is not always black and white and everyone responds to different stimuli. I try to meet the client where they are at and my approach is very client-centered. I believe that you have all of the answers as to what is true for you. After all, no one knows you better than you. I may offer you an objective viewpoint and hopefully can bring awareness and change to your current situation.

Some of my theoretical influences are solution-focused and strength-based. Given the short amount of time that one usually sees a career counselor, I want to make sure that we are not meddling in "problem-talk". However, please note that I am a trained therapist and have the ability to work through your past blocks. If I feel that you need more work in that area, I may recommend someone who specializes in deeper work. Some of the other models and theories that I work from for example are, Gestalt, REBT and Narrative, just to name a few.

In addition, you are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy (if known), and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time.

### HOW TO MAKE THE MOST OF OUR WORK TOGETHER

I often take notes during our meetings. My learning style is very visual and I can often draw out congruences and incongruences through this process. You are always welcome to look at them and have a copy if you so desire.

One of the most important parts of doing this work together is that you can practice who you want to be on the outside, in your real life, or in your job without repercussions. Counseling affords you the opportunity to be "messy" and "clean-it-up", so you can become clear about who you are and what you want outside of the counseling session. Therefore, practicing who you want to become, i.e. goals, values, etc. in session, can only set you up for success on the outside. We will most likely make goals and I may assign homework for you to complete outside of our sessions. The completion of this homework is for your benefit only and seeks to support the work we do in-session.

### FREQUENCY OF SESSIONS

Most of my clients see me weekly maybe 6-10 times, at most, but I understand that every client has different needs. Some come back for assistance on pressing career issues, but you are always welcome to come and go as you please.

If you wish to stop therapy at any time, I ask that you agree to meet for one additional session to review the work that we have done. If you still feel that you are not in need of my services or that we are not a good fit, I would be more than happy to refer you to another counselor. My main goal is to make sure that you are getting what you need.

### SESSION CANCELLATION POLICY





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I make every effort to accommodate as many clients as I can during my work week and as a result, ask that you consider our meetings very important. Here is an explanation of my cancellation policy.

**Please let me know 24 hours before our next session. A phone call and a message on my voicemail (if I am unavailable) is all that is necessary. Otherwise, your required fee for that time slot will be charged on the credit card below. (medical emergencies, inclement weather and illness are exceptions)**

### Required Credit Card on File:

\_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_

CV Code \_\_\_\_\_ Name on Card \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ Signature \_\_\_\_\_

Y or  N Please use this card for session fees

For scheduled sessions, if you have not arrived within fifteen minutes of the scheduled appointment and there has been no ability to connect with an outreach attempt, the session will be treated as a cancellation without 24-hour notification.

### FEES, PAYMENTS, & BILLING

As I stated before, every client has different needs and therefore, different rates and packages may apply to each individual using my services. I will outline our rates before we begin work on a separate agreement that we both agree on.

You will be given at least 30 days notice in advance if my fees should change. I will always be clear and fair when working with you, as I understand your time and money are valuable resources.

I accept all major credit cards, i.e. (Visa, MasterCard, Discover) and this can be processed online or in the office. I will also accept cash and checks. All checks can be made payable to Brad Graham.

Should your personal check be returned for insufficient funds, you will be charged a penalty of \$25.00/ per incident. Should your account become 60 days past due and arrangements for payments have not been agreed upon, I have the right to use legal means (collection agency or court system) to secure payment. In this event, I respect the client's confidentiality and only release a client's name, the dates and nature of services provided and the dollar amount due.

### PERSONAL ANTI-DISCRIMINATION POLICY





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In my practice as a career counselor, I do not discriminate against clients because of any of these factors: age, gender, marital/ family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness.

This is a personal commitment, as well as being a requirement by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ ethnic/ cultural-diversity. If you believe that you have been discriminated against, please bring this to my attention immediately.

### OUR AGREEMENT

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client's responsible party.

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**Printed Client's Name**

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**Client's or Responsible Party's Signature**

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**Date**

If signed Responsible Party, please state relationship to client and authority to consent:

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## INTAKE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ Leave Msg?

EMAIL: \_\_\_\_\_ Ok to email Appt. Info?

CHECK HERE IF YOU DO NOT WANT TO BE ON OUR EMAIL NEWSLETTER

BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ EDUCATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

PARTNER/ SPOUSE NAME: \_\_\_\_\_ EDUCATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_ or HOW DID YOU HEAR ABOUT ME? \_\_\_\_\_

- 1) Briefly describe why you are seeking career counseling?
- 2) How is this affecting your life?
- 3) Briefly describe any past history of counseling?
- 4) Anything else relevant that you would like us to know about you?

