

DISCLOSURE STATEMENT

Kate Kendrick, MA

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Longmont, CO 80503
720-352-6584 (cell) k.kendrick@mac.com

The following information is being provided so you can have knowledge of my education and experience. It also gives you information to know what your rights are in this process. The intention of this disclosure statement is to not only provide information and protect your rights, it is also to help you have the best possible experience during our work together.

Education

B.A. Spanish	Grinnell College, 1981
Teaching Credential Program	Pt. Loma University, 1986
M.A. Spiritual Psychology	University of Santa Monica, 1993

Additional Training

- *Applied Existential Psychotherapy Individual Training* with Robyn Chauvin, LPC, 2018
- *Applied Existential Psychotherapy Dream Training* with Robyn Chauvin, LPC, 2015 - 2016
- *Applied Existential Psychotherapy Process Group* with Betty Cannon, PhD, 2015 - present
- *Applied Existential Psychotherapy Practice Group* with Robyn Chauvin, LPC, 2018
- *Treating Trauma Masters Series*, National Institute for the Clinical Application of Behavioral Medicine, 2017
- *Dynamic Attachment Re-Patterning Experience Somatic Attachment Training, Module 1* with Diane P. Heller, PhD, 2016
- *Nonviolent Communication™* 500+ hours of training with Dr. Marshall Rosenberg and other CNVC trainers, 1986-2015
- *Inner Relationship Focusing, Levels 1 - 4, Demonstration of Focusing*, Ann Weiser Cornell, Focusing Resources, 2011 - 2013

<i>Peacemaking Circle Training</i>	Longmont Community Justice Partnership, 2003
<i>Restorative Justice Facilitator Training</i>	Longmont Community Justice Partnership, 2000
<i>Mediation Training</i>	San Diego Mediation Center, 1993

Experience

Psychotherapist in Private Practice	2002 - present
Nonviolent Communication Trainer	1993 - present
Restorative Justice Coordinator	School Mediation Center, 2002- 2004
Volunteer restorative justice facilitator	LCJP, 2000 -2006
Safe & Drug Free Schools Coordinator	Solana Beach School District, 1999-1999
Guidance Assistant	Solana Beach School District, 1997-1999

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Supervision

I receive professional supervision from Betty Cannon, PhD, Licensed Psychologist. Supervision may be group or individual. The information disclosed in our counseling session may be discussed during my supervision. Betty Cannon, PhD is also required to follow the ethics of professional confidentiality, which means she will not disclose names or any revealing information that is discussed with regard to our counseling. Her contact information is as follows:

Betty Cannon, Ph.D.
Licensed Psychologist #2029
1140 Lehigh St.
Boulder, CO 80305
303-494-0390

II. Client Rights and Important Information

1. Mental Health Regulation and Types of Licenses and Registration. The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The State Board of Registered Psychotherapist can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters 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 post-doctoral supervision. A Licensed Social Worker must hold a masters degree in social work. A 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. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1,000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelors degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required. **I am a registered psychotherapist.**

2. Information about Therapy and Fees. You are entitled, to receive information from me about the methods of therapy, the techniques I use, the duration of your therapy (if that can be determined), and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time.

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My fee for individual psychotherapy is \$100.00 for a 60 minute session and \$150.00 for a 90 minute session. My fee for couples counseling is \$150.00 for an 90 minute session. Payment is expected at the time of the appointment, unless other arrangements have been made. To honor my time, I request a 24 hour notice from you if you are unable to keep a scheduled appointment. Please call me at 303-485-9428 if you need to cancel. You will be charged for missed session if you do not give the requested notice, except in case of an emergency.

Prohibited Relationships. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

Confidentiality. 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 to authorities child and elder abuse, and a credible threat of violence towards others or yourself. This includes suicide.*** If a legal exception arises during therapy, if feasible, you will be informed accordingly.

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.

Print Client's Name

Client's Signature

Date

Print Parent/Guardian's Name

Parent/Guardian's Signature

Date