



---

Carema Cook Masaud  
4140 Tejon St. Denver, CO 80211 (720) 480.6633  
Disclosure Statement

1) I received a Master of Arts from the University of Colorado Denver in Counselor Psychology/Counselor Education with an emphasis on couple/family, multicultural and school counseling. I am a Licensed Professional Counselor (LPC #0012059) through Colorado Department of Regulatory Agencies. I provide non-emergency couple and adult therapy by scheduled appointment. If you do have an emergency, please gain safety which may include the nearest emergency room or by dialing 911.

2) 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. State Board of Licensed Professional Counselor 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.
- ✓ 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 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.

3) 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.

4) 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.

5) 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 and elder 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: <http://www.dora.state.co.us/mental-health/Statute.pdf>.

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

Today's date: \_\_\_\_\_ Your birthdate: \_\_\_\_\_

Your printed name: \_\_\_\_\_

Phone number where you give me permission to leave vm and text: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_



### Methods and Techniques of Therapy, and Rate Scale

I am Carema Cook Masaud and Center for Compassion Couples Counseling PLLC is my private practice. I provide affordable couple counseling and individual adult therapy. I counsel couples and adults seeking to heal and strengthen relationships, to better cope with transitions, and to gain well being in life and within relationships. Together we address conflict, anger, stress and emotional injury. We work to ease depression, anxiety, shame, grief and the effects of trauma.

**Non-Emergency Private Practice:** Center for Compassion Couple Counseling is not an emergency service. In the event of an emergency, please use Colorado Crisis Services at 1.844.493.8255, National Suicide Prevention Lifeline at 1.800.273.8255 or call 911. You may also contact trusted people close to you or go to my nearest emergency room for help.

**Methods and Techniques:** I am an *Attachment Based, Emotion Focused, Experiential* therapist. As an *Attachment Based* therapist, I pay attention to essential human need for connection within flexible, nurturing relationships. As an *Emotion Focused* therapist, I emphasize the emotional experience as the driving force of how we organize our physical sensations, thoughts and actions. As an *Experiential* therapist, I encourage present moment awareness of sensation, emotion, thought and interaction. I also take a *Humanistic, Person-Centered* approach listening with empathic, unconditional regard to facilitate safe, open and authentic relationships. I organize my methods within the frameworks of *Emotionally Focused Couples Therapy (EFCT)* and *Accelerated Experiential Dynamic Psychotherapy (AEDP)*

I also focus within the framework of *Multicultural Counseling* which attends to the ways race, ethnicity, place of birth, immigration history/status, age/life stage, gender expression, sexual/affection attraction, ability, religion/spirituality, education, occupation, social economic status, family status and privilege interact with your worldview, self-concept, and relationships.

**Duration of Therapy:** With input from me, you determine the length of time you chose to gain counseling. As we work together in therapy, I continually invite you to share any concerns, questions, and insights you may have of the process of your counseling experience with me.

**Fees:** I ask that you pay what you can sustainably afford at the time of therapy within my *rate range*. At this time, for one-hour individual sessions, my *rate range* is one hundred thirty (\$130) to ninety (\$90) dollars. For seventy-five-minute couple sessions, my *rate range* is one hundred sixty (\$160) to one hundred ten (\$110) dollars.

**Notice of cancelation:** Please call or text 48 hours in advance to cancel or re-schedule an appointment. If you call or text 24 hours in advance, I ask that you pay a fifty (\$50) dollar late cancellation fee. If you call or text the day of the appointment to cancel, or do not attend without a call or text, I charge a ninety (\$90) dollar cancellation fee. No emails please. I hold office hours Tuesday through Thursday. I do not check voicemail or texts Friday through Monday.

Signed consent of methods and duration of therapy, rate scale and cancelation policy:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



---

**Acknowledgement of Video Recording**

Because I take minimal notes while meeting with you, I *may* video record counseling sessions.

The video recordings are for the purpose of reviewing counseling sessions and not intended to be part of official therapy records. The recordings are held as confidential and protected at all times as confidential according to Colorado (CO) state law.

By initialing line one and signing below, you acknowledge that I video record counseling sessions.

With your permission, I *may* use the recordings for the purpose of supervision or consultation with other professional counselors in individual or group consultation. If, by chance, a consulting therapist knows you beyond the professional therapy environment, he/she will not view the recording and will keep your confidentiality as per standard professional guidelines. Again, the recordings will be protected with confidentiality according to CO state law.

By initialing line two below, you give me permission to share video recordings of our counseling sessions for the purpose of consultation with other professional counselors. By initialing line two below, you also agree that any consultants in supervision or group consultation cannot be held responsible for the outcome or what occurs in therapy sessions with me. The consultation is a service to me and I am solely responsible for my conduct as a therapist.

1. For review by Carema Cook Masaud only \_\_\_\_\_

2. Permission for use in supervision or consultation \_\_\_\_\_

Printed name:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(updated October 2019)