



Center for Compassion

Strengthening Relationships

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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 by contacting trusted people close to you, or go to the nearest emergency room or dial 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 master's degree in their profession and have two years of post-master 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) 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 and I understand my rights as a client or as the client's responsible party.

Your printed name: _____

Today's date: _____ Your birthdate: _____

Phone number where you give me permission to leave texts and vm: _____

Address: _____

Signature: _____



Methods and Techniques of Therapy, and Rate Scale

I am Carema Cook Masaud and Center for Compassion Couple Counseling PLLC is my private therapy practice. I provide affordable couple counseling and individual therapy for adults. I counsel couples and individual adults seeking therapy to heal and strengthen relationships, to process and gain power within transitions, and to nourish your general well-being. Together we will address defensive communication, stuck cycles of conflict, overwhelming stress, and emotional injury. We will work to process and ease depression, anxiety, shame, grief and the effects of trauma.

Methods and Techniques: I am an *Attachment Based, Emotion Focused, Experiential* therapist. As an *Attachment Based* therapist, I pay attention to the 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 behavior. As an *Experiential* therapist, I encourage present moment awareness of sensations, emotions, thoughts, actions and interactions. I take a *Humanistic, Person-Centered* approach listening with empathic unconditional regard to facilitate safe, open and authentic relationships. I organize my perspectives and techniques 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 choose to gain counseling. As we work together in therapy, I continually invite you to share any evaluations, concerns, questions, and insights you may have of the process of your counseling experience.

Fees: My fees are within a *rate range*. I ask that you pay what you can sustainably afford within my *rate range*. Currently (2026-2027), for one-hour individual meetings, my *rate range* is one hundred seventyfive (\$175) to one hundred thirty-five (\$135) dollars. For seventy-five-minute couple meetings, my *rate range* is two hundred five (\$205) to one hundred fifty-five (\$155) dollars.

Notice of cancelation: Please call or text 24 hours in advance if you would like to cancel or re-schedule an appointment. If you cancel after the requested 24 hours, or miss the meeting with no notice of cancelation, I ask that you pay a seventy-five (\$75) dollar *late cancellation* fee. You may leave a voicemail or text any time. Please note that my office hours are Tuesdays through Thursdays from 1:00pm to 8pm. Generally, I do not check voicemails or texts Friday afternoons through Monday afternoons. I accept voicemail and texted notice of cancellations any day of the week. No emails please.

Please sign to acknowledge the methods, duration of therapy, rate scale and cancelation policy:

Signed: _____ Date: _____

(Updated September 2026)