

**STEVEN A. LAZARUS, PSY.D., INC.  
8 WEST DRY CREEK CIRCLE, #205  
LITTLETON, CO 80120 (303) 267-2194**

**DISCLOSURE STATEMENT**

In seeking the services of a psychotherapist, you have certain legal rights. This document includes information that I am required to inform you of in advance of treatment. This includes my professional credentials, your rights, and grievance procedures.

Education and training: Doctor of Psychology (Psy.D.): University of Denver, (2002), Master of Arts in Clinical Psychology: University of Colorado, Denver (1994). Bachelor of Arts in Psychology: University of Colorado, Boulder (1989). I am also a Licensed Psychologist (License # 2932) and a Licensed Professional Counselor (License # 1625). I am a member of the American Psychological Association and the Colorado Psychological Association.

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists and licensed professional counselors who practice psychotherapy. The agency within the Department that has responsibility specifically for licensed psychotherapists is the State Grievance Board. They are located at 1560 Broadway, Suite 1430, Denver, Colorado, 80202. Phone: (303) 894-7766.

As a client, you are entitled to receive information about my methods of therapy, the techniques I use, the duration of your therapy (if it can be determined), and my fee structure.

You are entitled to seek a second opinion from another therapist or may terminate therapy at any time.

In a professional relationship, sexual intimacy is never appropriate, is illegal, and should be reported to the State Grievance Board at the address and phone number provided above.

The information that you provide during therapy is legally confidential. All information will be kept confidential unless you give me permission in writing to release information about you. However, there are several exceptions that are mandated by law. State law requires that I report to the proper authorities any intent to harm yourself, homicide or threats to the safety of others, or any information regarding child abuse or suspected abuse and /or neglect.

There may be times when I may need to consult with a colleague or another psychotherapist about issues raised by clients in therapy. Client confidentiality is still protected during consultation by the psychotherapist consulted.

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Steven A. Lazarus, Psy.D., Inc. is in the independent practice of psychotherapy. Although he shares office space with other practitioners including: Dr. Alicia Gauthier, Psy.D., their

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practices of psychotherapy are separate and independent. Their practices are not connected, they are not in partnership together, they are not practicing in association with one another, and they do not supervise or monitor each others work. Steven A. Lazarus, Psy.D., Inc. and his practice has no relationship to the other practitioners. By signing this disclosure statement, you agree to not hold any other party liable for your treatment.

The initial intake session is (\$190). Family and Couples therapy (1 hour) is charged at (\$190). Individual 45 minutes sessions are (\$160). Psychological assessment and report writing services are charged at \$190/hour. You are expected to pay your bill and/ or co-pay at the time of service. In the event of a canceled or missed session, you will be charged unless I am notified at least 24 hours in advance of the scheduled session.

Should you require telephone support, you will be charged for any time over five minutes on a prorated basis. I also charge for any written reports or letters that you request I write (for example: for courts, social services, schools, etc.)

If you become involved in legal proceedings that require Dr. Steven A. Lazarus, Psy.'s participation, during or after the time you receive therapy or other clinical services, you agree to pay \$290 per hour for all time spent by a Dr. Steven A. Lazarus, Psy.D., on the legal matter, including but not limited to: responding to subpoenas issued by any party involved in the legal matter, preparation related to the legal matter, phone calls, travel time to and from hearings or depositions, time testifying, time spent waiting to be called for testimony, and any other time spent by Dr. Steven A. Lazarus, Psy.D., Inc., related to the legal matter. In addition, involving Dr. Steven A. Lazarus, Psy.D. in legal matters will result in termination of therapy unless it has been agreed to by all parties in advance.

**Note:** Dr. Steven A. Lazarus, Psy.D., does not accept insurance for payment, nor do I directly bill insurance companies. However, at your written request, I will provide you with a detailed invoice that you can submit to your insurance company. This invoice will have all relevant information about diagnosis(es) and billing code(s). Some insurance companies reimburse clients for services and some do not. Some conditions for which people seek psychological services do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, we will inform you of the diagnosis we plan to render. Please be aware that any diagnosis you choose to share with your insurance company will become part of your insurance record. If you choose to request reimbursement from your insurance provider, please request they reimburse you directly and do not assign any insurance copayment to Dr. Steven A. Lazarus, Psy.D., Inc.

I provide non-emergency psychotherapeutic services by scheduled appointment. If I believe your psychotherapeutic issues are above my level of competence, or outside of my scope of practice, I am legally required to consult, refer, or terminate treatment. If, for any reason,

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you are unable to contact me by telephone and you are having a true emergency, please call 911, or proceed to the nearest hospital emergency room.

I hereby acknowledge that I have received the provider's *Notice of Privacy Rights*.  
If you should need additional information or clarification about the information we have just gone over, please feel free to ask me now or at any time in the future.

I have read the above information and understand my rights as a client. By signing this disclosure statement, I understand and agree to all the terms discussed above.

\_\_\_\_\_  
Client/ (Parent) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/ (Parent) Signature

\_\_\_\_\_  
Date

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Steven A. Lazarus, Psy.D., L.P.C.

\_\_\_\_\_  
Date