



## Laura Molzer, MS, LMFT

Laura Molzer Therapy, LLC  
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### DISCLOSURE STATEMENT

The following information will describe the nature of services I provide along with your rights as a therapy client. It will also describe how mental health information regarding you may be used and disclosed and how you can gain access to this information. Please read this information carefully and clarify with me anything you do not understand.

I am a Licensed Marriage and Family Therapist. I hold a Bachelor's Degree in Psychology from Creighton University and a Master's Degree in Human Development and Family Studies with an emphasis in Marriage and Family Therapy from Colorado State University. I have been practicing therapy since 2006 and have been a licensed therapist since 2009. I am a member of the American Association for Marriage and Family Therapy. My background and training have given me considerable experience in helping children and families process their traumatic life experiences. Additionally, I am qualified to work with individuals, couples, and families and will help them achieve their goals of becoming happier throughout all areas of their lives. I am trained to provide play therapy, neurofeedback, eye movement desensitization and reprocessing (EMDR), trauma focused cognitive behavioral therapy, psychoeducation, sexual abuse treatment and parenting support.

#### Client Rights:

- a. You have the right to receive information about my methods of therapy, techniques used in my practice, and the duration of therapy. Please ask if you would like to receive this information. My fee per 50 minutes of therapy is \$100.
- b. You have the right to seek out a second opinion and/or terminate therapy at any time.
- c. You have the right to be aware that in a professional relationship such as this one, sexual intimacy is never appropriate and should be reported to the Department of Regulatory Agencies if it were to occur.
- d. You have the right to obtain another copy of this Statement upon request.

#### Uses and Disclosures of Protected Information:

- a. I will not disclose your protected health information without a signed authorization or release of information. When you sign a release of information, it may be later revoked provided that the revocation is in writing. The revocation will apply, except to the extent that I have already taken action.
- b. The following is a list of circumstances that I may release your information without your consent:
  1. If needed, I will consult with other professional colleagues to help me provide the best treatment possible for you. I currently consult with Erin Thomas, MA (1200 S. College Ave. Suite 208, (970) 672-5535). I also consult with the EEG Institute in Los Angeles, for consultation around neurofeedback services. I will also ask other professional colleagues to cover calls and provide therapeutic services when I am unable to do so. Your information will remain confidential with each of these professionals. Your signature gives consent for this consultation.
  2. To receive payment from insurance companies and/or third party payers. Information released may include information that identifies you, your diagnosis, type of service, dates

of service, provider information, and other information about your condition and treatment.

3. To obtain legal services as it regards to your treatment.
4. When I am required by law to release such information. Such instances include the following: (a) reporting suspected child abuse or neglect to Law Enforcement or the Department of Human Services; (b) if I believe or suspect you are in imminent danger to yourself; (c) if you threaten grave bodily harm or death to another person or directly endanger the life of another I have a legal duty to report you to law enforcement and contact the threatened person(s); (d) when I am court ordered to release information; (e) if I need to initiate a mental health evaluation of a client who is imminently dangerous to self or to others, or who is gravely disabled, as a result of a mental disorder; (f) if I suspect you know about or pose a threat to national security; (g) if I believe that elder abuse or exploitation has probably occurred or is occurring; (h) if I suspect abuse or mistreatment of at-risk adults.
5. When there are crimes that are directed towards myself or occur on the premises.
6. In situations where family members are present during a discussion with a client and it can be reasonably inferred from the circumstance that the client does not object, information may be disclosed during the discussion. However, if the client objects, information will not be disclosed.
7. Under Colorado law, C.R.S. 14-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information, I will provide you with a treatment summary, in compliance with Colorado law and HIPPA Standards.

**Additional Information:**

- a. I am required to abide by the terms of this Statement and any changes to the Statement that may follow. I reserve the right to change the terms of this Statement and to make the new Statement provisions effective for all protected health information that it maintains. When there has been a change made to the Statement, a new copy will be given to you.
- b. As a Licensed Marriage and Family Therapist, I am regulated by the Colorado Department of Regulatory Agencies. The regulatory board can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

I have read the preceding information and understand my rights as a client. I acknowledge that have received a copy of this Disclosure Statement.

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Client Signature

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Date

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Therapist Signature

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Date