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Therapist-Client & Supervisee Services Mandatory Disclosure

The practice of licensed persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The regulatory boards can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. The regulatory requirements for mental health professionals provide that Licensed Professional Counselors, Licensed Marriage and Family Therapists, and Licensed Clinical Social Worker must hold a master's degree in their profession and have two years of post-master's supervision. A Licensed Addiction Counselor must have a master's degree, pass a national exam, and complete additional academic course work, and supervised hours. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Psychologist Candidate, Professional Counselor Candidate, Marriage and Family Therapist Candidate, and Addiction Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. All therapists in the state of Colorado must take and pass a jurisprudence exam and register. I am currently a practicing Licensed Addiction Counselor (ADC.0001673), Licensed Professional Counselor (LPC.0018645), and Licensed Marriage and Family Therapist (MFT.0002262). I am also held to standard of care, rules, regulations, laws, and the ethical code of a physician (DR.0046902).

Additional certifications which I hold include Cognitive Behavioral Therapy (CBT) with an emphasis on Dialectical Behavior Therapy (DBT) and I am a Certified Systemic Sand Play Therapist. I also offer Eye Movement Desensitization and Reprocessing (EMDR) therapy.

As the client you are entitled by law to receive information from me about my methods of therapy, the techniques I use, anticipated duration of therapy, and my fees which are 185\$ per fifty-minute clinical hour for individual therapy. My fee for family and couples work is 225\$ for the hour. Fees for medication management include an intake session \$400, an initial follow up \$200, and, once stable, periodic follow up \$100. There is a late cancellation fee of 50\$ for cancellations not made prior to 24 hours in advance for any reason, and a 75\$ No-Show fee. My supervision fees are \$150 for individual supervision and \$60/hour for group work. I do not take insurance. This information is immediately available to you in a Good Faith Estimate upon accessing my platform and I am happy to answer any questions you might have. This does not include legal fees should you require my services for summaries of treatment, court appearances, or any other work you request of me on your behalf.

You are entitled to seek a second opinion or terminate therapy or supervision at any time.

In a professional therapist-client relationship sexual intimacy between a therapist and a client is never appropriate. Sexual intimacy should be reported to the Board that licenses, certifies, or registers the clinician.

Information provided by and to a client in a professional relationship with a psychotherapist is legally confidential, and the therapist cannot disclose the information without client consent with the following exceptions:

- I am required to report any suspected incident of child abuse or neglect to law enforcement;
- I am required to report an at-risk or imminently at-risk elder, defined as 70 years or older, for mistreatment, exploitation, or neglect;
- I am required to report any threat of imminent physical harm by a client to the threatened party and to law enforcement;
- I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or others, or who is gravely mentally disabled by a mental condition;
- I am required to report any threats against locations such as churches, schools, theaters, workplaces, and other such locations to law enforcement;

When I am concerned about a client's safety it is my policy to request a Welfare Check through local law enforcement. In so doing I may disclose information related to my concerns. By signing this Disclosure Statement and agreeing to treatment with me, you consent to this practice.

As required by law I am informing you that your records will be destroyed 7 years after the termination of therapy treatment.

Client agreement: I have read the information, and it has been discussed with me. I understand the disclosures that have been made to me and my questions have been answered. I acknowledge that I have received a copy of this Disclosure Statement.

Client Name: \_\_\_\_\_.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_.