

DISCLOSURE STATEMENT

Lucien Renjilian-Burgy

1. Lucien Renjilian-Burgy
The Rink building
1722 14th St., Suite 130
Boulder, CO 80302

303-907-7249
Lucien@ShiftingStates.com
www.ShiftingStates.com
2. Degrees, credentials, certifications, licenses and Colorado State governance.
 - a. I have a Bachelor of Arts degree in History from Boston College, (1997).
 - b. Training/Education
 - Hakomi Psychotherapy Training: Hakomi Institute. (2011).
 - Certified Massage Therapist: Spa Luna Massage School. 700-hour training. (2004).
 - CranioSacral Therapy: Upledger Institute, CST Level 2. (2010).
 - c. Certification/Licensure
 - Licensed Massage Therapist: Colorado State License: #1158. (2009).
 - Nationally Certified in Therapeutic Massage and Bodywork: NCBTMB (2005).
 - Professional member of American Massage Therapy Association. AMTA (2005).
 - d. Registered Psychotherapist, State of Colorado. #12339. (2010)
 - e. You understand that our work together may include the use of therapeutic touch including CranioSacral Therapy, or Massage Therapy, while sitting or lying down. Our work together may include spiritual counsel or psychotherapeutic process. You have the right to refuse physical contact at any time.
3. The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, licensed or certified addiction counselors, and unlicensed individuals who practice psychotherapy.

The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202. (303) 894-7766.
4. Client Rights and Important Information:
 - a. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. Please ask if you would like to receive this information.
 - b. You can seek a second opinion from another therapist or terminate therapy at any time.
 - c. In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section.

- d. Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist is legally confidential privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates.

There are legal exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (section 12-43-218, C.R.S.) Some of these exceptions are: intent to harm others or yourself, abuse or suspected abuse of children or the elderly or others unable to care for themselves, subpoenaed testimony in criminal court cases, etc. There are other exceptions that I will identify to you as the situations arise during therapy.

- e. There may be times when the therapist may need to consult with another professional about issues raised in therapy. Your confidentiality is still protected during consultation and supervision by your psychotherapist and the professional consulted. Signing this disclosure statement gives the therapist permission to consult as needed to provide professional services to you as a client. If the therapist believes the issues are above his level of competence, or outside of his scope of practice, he is legally required to refer, terminate, or consult.

5. Payment and Cancellation Policy

- a. Except in cases of emergency or illness, you must give more than 24hrs notice to cancel scheduled appointments. Less than 24 hours notice and you will be charged the full rate for the scheduled time. Please call (303-907-7249) for late cancellations within 48 hours.

6. Signature and Consent

By signing below you acknowledge your understanding and agree to all the terms discussed in this disclosure statement. If you have any questions or would like additional information, please feel free to ask!

I understand that Lucien Renjilian-Burgy is not a licensed psychotherapist. I understand that Lucien practices an integrative modality that incorporates bodywork and psychotherapeutic process, a method that has not been validated by the Department of Regulatory Agencies, or governing boards of Psychotherapy or Bodywork.

I understand that Lucien Renjilian-Burgy is not qualified to diagnose, prescribe, prognosticate or evaluate physical or mental imbalance of any kind and that anything offered in the realms of physical or mental health is a suggestion and not an expectation or diagnosis.

I agree to take full responsibility for myself and my healing process.

I, *(print full name)*_____ have read the preceding information and understand my rights as a client.

Client Signature

Date

Lucien Renjilian-Burgy

Date