

Summit Counseling Associates, Inc.

Helping you succeed in your most important relationships

10754 Belle Creek Blvd.
Suite 101
Henderson, CO 80640

Craig L. Loving, D.Min.

Licensed Marriage & Family Therapist (#746)
Licensed Addiction Counselor (#202)
AAMFT Approved Supervisor

303-800-6339
DrCraig@SummitCounselingAssociates.com

I am required by Colorado Law to submit to you my qualifications and legal restrictions under which I practice. Please meet with me ONLY after you have read my qualifications and find them satisfactory. Please sign ONLY after you have read this material and agree with its conditions.

Professional Credentials

Licensed Marriage and Family Therapist (#746). State of Colorado, Department of Regulatory Agencies. Division of Registrations, Suite 1575, 1560 Broadway, Denver, CO 80202-5140

Licensed Addiction Counselor (#202). State of Colorado, Department of Regulatory Agencies. Division of Registrations, Suite 1575, 1560 Broadway, Denver, CO 80202-5140

Clinical Member - American Association of Marriage and Family Therapy. 1123 Fifteenth Street, NW -- Suite 300, Washington, DC 20005-2710

Approved Supervisor - American Association of Marriage and Family Therapy. 1123 Fifteenth Street, NW -- Suite 300, Washington, DC 20005-2710

Ordained Pastor. The American Association of Lutheran Churches. 921 East Dupont Rd., #920, Fort Wayne, IN 46825-1551

Professional Education

Colorado Addiction Counselor Post-Degree Training. Certificate of Completion. Colorado School for Family Therapy. 12101 East Second Ave., Suite 101, Aurora, CO 80011. 2010.

Marriage and Family Therapy Post-Degree Training. Certificate of Completion. Colorado School for Family Therapy. 12101 East Second Ave., Suite 101, Aurora, CO 80011. 2006.

Doctor of Ministry (D.Min.). Marriage and Family Counseling. Denver Seminary, Denver, Colorado. 2004.

Master of Divinity (M.Div.). Luther Theological Seminary, St. Paul, Minnesota. 1980.

Bachelor of Arts (BA). Wartburg College, Waverly, Iowa. 1976.

YOUR RIGHTS AS A CLIENT

You are entitled to receive information from me 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.

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.

Generally speaking, 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, the HIPAA Notice of Privacy Rights, as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child 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>.

Ethical Exceptions to Confidentiality

In marriage and family counseling, it is accepted professional practice that any information shared with the therapist by one party during private sessions may be discussed with all parties involved during conjoint sessions if the therapist believes it might benefit the couple or family. I follow this practice.

I consult with other experts about your treatment. By signing this form, you specifically permit me to discuss your case (including session notes, assessment results and other pertinent material) with other licensed professionals for the purposes of consultation.

Treatment Specializations

I have training and experience in providing treatment for mood disorders (such as depression and anxiety); chemical and behavioral addictions, including sexual addiction in men; marital, family, and organizational conflict; and unwanted same-sex attraction. I DO NOT PROVIDE COURT ORDERED EVALUATIONS FOR PARENTAL RESPONSIBILITIES AND AM NOT A DOMESTIC VIOLENCE TREATMENT PROVIDER.

Fee Policy

If you intend to use insurance or EAP benefits to pay for therapy, please review our Insurance Payment Policy.

For patients without mental, behavioral, or substance abuse health benefits, our per session fee is \$90.00 per clinical (45 – 50 minute) hour. If you are paying by check, please make your check payable to: Summit Counseling Associates. Payment is requested at the beginning of the session. Checks returned for insufficient funds or closed accounts will be charged a \$25.00 processing fee.

Payment may also be made through Paypal or EFT. Please ask if you would like more information about this option.

Unscheduled conversations initiated by the patient lasting longer than 5 minutes will be billed on a pro-rated basis in 15-minute increments.

On occasion, unforeseen circumstances require appointments to be rescheduled. Except in cases of emergencies, 24 hours advance notice is requested for cancellations and / or rescheduling of appointments. **Please be aware that failure to notify us 24 hours in advance will result in a missed appointment fee of \$90.00.** After two (2) missed appointments (failure to show or call), you may receive a referral letter with the names of three other therapists or agencies and be discharged from our care.

If you have any questions about these policies, please ask.

Additional Information

Often people seek therapy to gain relief from painful issues they are experiencing in their lives and relationships. You should know, however, that some people experience increased feelings of distress as they develop new insights into or ways of dealing with their problems. Some people seek therapy to evaluate the health of their relationships. The decision to marry or to remain married is always the responsibility of the client(s).

If in the course of therapy it becomes apparent that your problems may be related to a medical or organic condition, I will refer you to seek care from your medical care provider and / or psychiatrist as an adjunct to your continued therapy.

If a medical doctor has prescribed medications to help you with mental or emotional conditions (e.g., bipolar disorder, schizophrenia, depression, etc.), you agree to continue taking these medications as prescribed during the time we are working together, unless you are specifically directed to amend or discontinue use by your medical doctor.

If in the course of therapy it becomes apparent that we are discussing issues outside my training or experience, I will refer you to other therapists skilled in such issues.

Right to Amend

This disclosure may be amended from time to time due to changes in such things as State or Federal law, ethical codes of practice, etc. Such material amendments may require re-statement of this Disclosure. Changes that are not material will generally not require re-statement.

