



## NICOLETTI-FLATER ASSOCIATES, PLLP

3595 S. Teller Street, Suite 310  
Lakewood, CO. 80235  
PH: 303-989-1617  
FAX: 303-985-3133  
www.nicoletti-flater.com

### **DISCLOSURE FOR VOLUNTARY REFERRAL Of a MINOR CHILD (15 YEARS OLD and UNDER)**

**VOLUNTARY ENROLLMENT:** The services provided to you are paid for by your department or are provided to you at a reduced rate. The information discussed during the course of the sessions is strictly confidential and no reports are given to the department or anyone else unless you sign a release of information or certain exceptions occur. The exceptions are related to information required to be disclosed by law (see below). If confidentiality must be violated, it will be discussed with you.

The following information is provided in compliance with the Colorado Mental Health Licensing Statute and the Colorado State Grievance Board. The Colorado Department of Regulatory Agencies regulates the practice of licensed and unlicensed persons in the field of psychotherapy.

NICOLETTI-FLATER ASSOCIATES is staffed as follows:

John Nicoletti, Ph.D., ABPP  
Colorado State University, 1972  
Licensed Psychologist  
License Number 389

Lottie Flater, M.S.W.  
University of Denver, School of Social Work, 1971  
Licensed Clinical Social Worker  
License Number 876588

Evan M. Axelrod, Psy.D. ABPP, B.C.E.T.S.  
University of Denver, 2000  
Clinical Psychology  
Licensed Psychologist  
License Number 2783

Jaime Brower, Psy.D., ABPP  
University of Denver, 2004  
Clinical Psychology  
Licensed Psychologist  
License Number 3142

Robin Eskey, Psy.D.  
University of Denver, 2002  
Licensed Psychologist  
License Number 3516

Anne Field, L.C.S.W.  
University of Houston, 1998  
Licensed Clinical Social Worker  
CO License Number 992688

Sara Garrido, Psy.D.  
University of Denver, 2011  
Psychologist Candidate

Shawn Knadler, M.A.  
University of Denver, 2009  
Registered Psychotherapist

Joelle Kruml, Psy.D., ABPP  
University of Denver, 2007  
Licensed Psychologist  
License Number 3335

Debra Tasci, Psy.D., ABPP., C.E.A.P.  
University of Wisconsin-Madison, 1981  
University of Northern Colorado, 1998  
Counseling Psychology  
Licensed Psychologist  
License Number 2468

- You are encouraged to discuss the treatment techniques used or your progress at any point in time. Should you desire a second opinion, we will be glad to assist you in obtaining it. You are free to terminate treatment with us at any time.
- The information provided by you during therapy is legally confidential, except as required by law, if the therapist is a licensed marriage and family therapist, clinical social worker, professional counselor, psychologist, certified school psychologist, or unlicensed psychotherapist practicing under the supervision of a licensed psychotherapist. The exceptions to confidentiality include any threat of serious harm to self or others, or information pertaining to child abuse.
- Sexual contact in a professional relationship is not part of any recognized therapy or evaluation procedures. Sexual intimacy between client and therapist is illegal in Colorado and should be reported to the State Grievance Board.

- Any serious complaint about a licensed or unlicensed mental health practitioner should be reported to:

Mental Health Grievance Board  
 1560 Broadway Street  
 Suite 1340  
 Denver, Colorado 80202  
 (303) 894-7766

I have been informed of my therapist’s degrees, credentials, and licenses. I have also read the preceding information and understand my rights as a patient.

Please note that both parents must consent to treatment of any child under the age of fifteen (15) unless a court of law has assigned all legal guardianship/decision making rights to one parent. In these cases, a court document attesting to this must be provided prior to your child(ren) receiving services.

I, (print name) \_\_\_\_\_ and (print name) \_\_\_\_\_, parent or legal guardian of (print name) \_\_\_\_\_, do hereby consent to the mental health treatment of my child by, \_\_\_\_\_, of Nicoletti-Flater Associates.

\_\_\_\_\_  
 Parent’s Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent’s Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Therapist’s Signature

\_\_\_\_\_  
 Date

I have received a copy of this form.

\_\_\_\_\_  
 Parent’s Signature

\_\_\_\_\_  
 Date