

J. Nicol Pate, LCSW
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303.880.3619

Degrees MSW, Smith College School for Social Work, Northampton, MA
BA, Psychology, University of New Mexico, Albuquerque, NM

Credentials

Past EMDR Certification (Certification required level 1 and 2 training in EMDR, 2 years experience in the field, a minimum of 50 sessions with EMDR, 20 hours of consultation after levels 1 and 2, at least 10 hours minimum of individual consultation, at least 25 EMDR clients, 2 professional letters of recommendation and one letter of recommendation from an EMDRIA approved supervisor)

Emotionally Focussed Therapy Certified (Certification required a 4 day externship, a 48 hr Core Skills training, 8 hours of individual supervision and an approved certification application with video evidence of mastery of skill , in addition to several pre-requisites)

Certified Emotionally Focused Supervisor (Certification required being a certified EFT therapist for at least one year, 10 hours mentorship between 2 certified EFT supervisors, completion of a course on supervision of therapists, at least 4 years clinical experience with couples/ families, supervision of a minimum of three training therapists in EFT, submission of an application including two half hour video recordings demonstrating mastery of EFT supervision, and other requirements).

Member EMDRIA (Eye Movement Desensitization Reprocessing International Association)
(Membership requires licensure, as a mental health professional, completion of EMDRIA approved basic EMDR training, and compliance with the EMDRIA code of conduct)

Member NASW (National Association of Social Workers)
(Membership required a college level degree in social work from a Council on Social Work Education (CSWE)-accredited or CSWE-recognized social work degree program.)

Member ICEEFT (Emotionally Focused Therapy)
(Membership required taking an ICEEFT approved EFT externship)

License: Colorado: 1175

Welcome to my office. As a licensed clinical social worker, I am governed by certain laws and regulations and by the code of ethics for my profession. The ethics code requires that I make you aware of certain office policies which may affect you.

Client Rights and Important Information

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Social Work Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a masters degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelors degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements. A Registered

Initial _____

Disclosure Statement

Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

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. You can seek a second opinion from another therapist or terminate therapy at any time. In addition, if I think it is in your best interest, I may refer you to another therapist.

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.

Confidentiality

Within certain limits, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your permission. At times therapy will involve the participation of more than one family member and/or significant persons. While J. Nicol Pate will attempt to follow your wishes, she does not guarantee confidentiality among participants in the family or couples therapy.

The information provided by a client during therapy sessions is legally confidential and will not be released without the client's written consent. Exceptions to the rule of confidentiality apply in the following cases, listed in Colorado Regulatory Statute 12-43-218:

- If I determine there is a threat of you harming yourself and/or other(s)
- If I suspect child abuse/neglect or dependent adult abuse/neglect
- If legal matters are involved
- If there is a court order for counseling
- If you become unable to take care of yourself and additional help is required
- If there are collection proceedings
- If there is a Grievance Board inquiry
- In some cases if you are under the age of 18
- If you are over 18 and disclose that you were abused by a person who is currently in a position of trust relationship with a child, for any amount of time, AND if there is reasonable cause to suspect that the person has subjected another child who is currently under the age of 18 to abuse or neglect or to circumstances or conditions that would likely result in abuse or neglect.

Out of Session Communications and Emergencies

J. Nicol Pate can be reached at (303) 880-3619. I check my messages regularly, and I will be glad to return your calls as promptly as possible. Messages left after 5pm will be responded to during the next business day. I will make every effort to return calls within 24 hours, with the exception of weekends, holidays, and personal vacations.

I do charge for any form of communication outside of session that lasts longer than 10 minutes. This includes texting, emailing, and phone calls. I charge a prorated amount, based on the session fee. I do not provide 24 hour assistance. *If you need emergency assistance, please call 911, or go to your nearest emergency room.*

Email communication is for non-emergencies only. It may be used for appointment changes, referrals and non-clinical questions. I check my emails as often as possible, but if you are canceling an appointment with less than 24 hours notice, please call or text my cell phone number. If you choose to email about a clinical issue I will try to respond to it as soon as possible, though I do not always have time during the week to do so. In the case that I have not responded to your email before our session, know that I will read that email at the start of your next session, before you come in the office, and I will respond to you directly in the session. Initial _____

Disclosure Statement

Fee Acknowledgment and Agreement

My time has been scheduled specifically for you. I allow two cancellations per year for no charge. After that there is a full fee charge for cancellations made less than 24 hours in advance. If an agency or your insurance is paying for all or part of your session and you cancel with less than 24 hours notice, then you, not the agency or insurance company are responsible for the entire session fee. Additionally, if your personal check is returned for insufficient funds you will be charged a \$25 fee. All outstanding balances remaining unpaid more than 30 days are subject to interest accrued at a rate equal to 10% per annum of such outstanding balance. _____ (Initials)

The undersigned, by providing his/her signature in the space below agrees to accept the therapy services provided by J. Nicol Pate in accordance with and pursuant to the terms and conditions set forth herein.

My fee is \$150 per therapy hour (50 to 60 minutes). Unless other arrangements have been made in advance, you are responsible for full payment at the end of each session. If your session goes longer than an hour or if you are participating in intensive therapy, your fee for this service will be negotiated with your therapist. If at any point in the course of treatment you are unable to pay your fee, please communicate this to your therapist and your fee may be negotiated.

J. Nicol Pate reserves the right to refuse service to any patient on the account of any delinquent or unpaid fees for services performed without any liability or further obligation to the undersigned.

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client/patient or as the client's responsible party. Signing this disclosure statement certifies that I have received an identical copy for my records.

The Undersigned understands and agrees to be bound to such agreements as outlined in this document. Please provide your signature below. If there is more than one adult participating in treatment, both must sign below.

Print Name _____

Signature: _____ Date: _____

J. Nicol Pate, LCSW: _____ Date: _____
Psychotherapist