

**ROBERT B. HUDSON, M.A., M.Div., N.C.C.**

**9226 Teddy Lane, # 150  
Lone Tree, CO 80124**

**303-738-9767**

**5350 Tomah Dr., # 3600  
Colorado Springs CO 80918**

**719-488-8813**

**DISCLOSURE STATEMENT**

**COUNSELING AND PSYCHOTHERAPY**

Psychotherapy is an active and creative process between client and therapist. I want to hear from you about your goals in counseling, how therapy is proceeding, your questions about methods, and your feedback about what is helping and what is not. This makes it possible to clearly tailor the therapy plan to meet your needs and goals. There are always risks involved in the counseling and psychotherapeutic process. You may experience strong emotions, confusion, pain, anxiety, the need to make difficult choices, conflicts between existing assumptions and beliefs, and even physical distress. It is important that you inform me immediately if any of these symptoms occur.

**BACKGROUND AND TRAINING**

I received a Masters of Divinity from Gordon-Conwell Theological Seminary in 1981. I was ordained into Christian ministry in 1983 and served various pastoral roles from 1976 through 1992. I received a Masters in Counseling from Denver Seminary in May of 2003. Part of this education consisted of a 700 hour internship, wherein I worked as a therapist at a mental health clinic. I am currently pursuing licensure in the State of Colorado and am registered as an unlicensed psychotherapist. I am a Nationally Certified Counselor.

**CHRISTIAN AND SPIRITUAL INTERVENTIONS**

All counselors, psychotherapists, and other counseling professionals have their own set of values and worldview. I hold to a Biblical and Christian worldview which may influence my assessments and interventions. I will be using the language, principles, and practices applicable to this worldview and will likely discuss with you issues related to your relationship and understanding of God. I may also suggest that during our counseling sessions we use various types of prayer, reliance on the Scriptures, and discussion of Biblical principles. These procedures may or may not be clinically demonstrated as guaranteeing either short-term or long-term results.

**STATE GRIEVANCE BOARD**

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of both licensed and unlicensed persons in the field of 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 #1370, Denver, Colorado, (303) 894-7766.

**CLIENTS RIGHTS AND IMPORTANT INFORMATION**

1. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of therapy (if I can determine it), and my fee structure. Please ask if you would like to receive this information.
2. Counseling is voluntary. You can seek a second opinion from another therapist or terminate therapy at any time.
3. 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.
4. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is an unlicensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client’s consent. Information disclosed is 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 exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado in the Colorado statutes (C.R.S. 12-43-218). You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S. Further, there is also a legal exception to the rule of confidentiality when the information provided involves a “threat of serious harm to self or others,” as in the case of child abuse, suicide, homicide, or grave disability.

5. If you have any questions or would like additional information, please feel free to ask.
6. The typical counseling session lasts 50-55 minutes. Payment is due at the beginning of the session. Please make check payable to: Bob Hudson, Inc. Client is responsible for payment of same-day cancellations, unless due to illness.

**CONSULTATION AND SUPERVISION**

I regularly consult with other licensed therapists for professional advice and consultation. The information disclosed in our counseling sessions may be discussed in the course of this consultation. The licensed therapists with whom I consult are also required to follow the ethics of professional confidentiality, which means they will not disclose names or any revealing information that is discussed with regard to our counseling.

**I HAVE READ THE PRECEDING INFORMATION AND UNDERSTAND MY RIGHTS AS A CLIENT/PATIENT. A copy of this document has been given to me for my records. I consent to therapy, evaluation, treatment and/or referral.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date