

**Mr. Jan Veselak, MA, LAC, CCHt, CSAT**  
***Garden Gate Counseling***

7200 Dry Creek Road, C-203, Centennial, CO 80112 303/718-6853

---

**DISCLOSURE STATEMENT**

Qualifications and Training

I have been licensed in the State of Colorado as a Licensed Addictions Counselor since 2006 after many years as a CACIII. I graduated from J. F. Kennedy University in Orinda, CA with a master's degree in Clinical Psychology in 1993. In 1996 I completed an intensive training course in Relapse Prevention Therapy from CENAPS, under Terrance Gorski. I was certified as a Child and Family Investigator through Katz and Loizeaux in 2007; certified as a Counseling Clinical Hypnotherapist through the Denver School of Hypnotherapy in 2008; certified in Neurolinguistic Programming through The Empowerment Partnership in 2013, and certified as a Sex Addiction Therapist in 2016, through The International Institute for Trauma and Addiction. My specialties as a therapist include working with people recovering from substance use disorders and process addictions such as pornography, relapse prevention, chronic pain management, anxiety and trauma. I work with people to help them overcome the limiting beliefs and emotions that keep them stuck. I am highly trained in many different treatment modalities, but my theoretical orientation is primarily psychodynamic.

Regulatory Requirements

The regulatory requirements applicable to mental health professionals are as follows:

- 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 master's 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 master's degree and meet the CAC III requirements.
- A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

Your Rights As a Client

The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the state of Colorado. Any questions or complaints regarding the practice of mental health may be directed to the Mental Health Section of the Division of Registrations. The Board of Marriage and Family Therapist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303)894-7800. You are entitled to receive information about methods of therapy, techniques used, the duration of therapy if known, and fee structure. You are also to be informed of the therapist's degrees, credentials, and licenses, upon request. You may seek a second opinion from another therapist, or terminate therapy at

any time. You should know that in a professional relationship, such as psychotherapy, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder. You should understand that information provided by you during therapy is confidential in most circumstances.

### **Confidentiality**

Matters regarding your psychotherapy will be kept confidential except in the following circumstances: you sign a release of information giving permission to release records to a specific individual or agency; known or suspected child abuse; you are an immediate danger to yourself or do others; or in the case of subpoena of records. Occasionally, I consult with other professional colleagues, but clients are never identified by name. Your signature below constitutes you giving permission for such consultations. I am required by law to keep brief notes regarding these sessions. These notes are also kept in complete confidence, except under the circumstances outlined above. If you use insurance, you hereby give permission to me to release dates of service, diagnosis, and brief information regarding your treatment to your insurance company for the sake of payment. ***However, it has come to my attention that when you utilize your insurance benefits, your insurance company may release this information to future employers, and other unknown entities, without your knowledge or permission. I cannot prevent this, and I am not liable if it should happen. Please take any concerns about this happening to your insurance carrier.***

### **Fees and Payments**

My regular fee for psychotherapy and hypnotherapy is \$130/hour. However, I can usually make a few sliding scale arrangements if necessary. Payment is due at the beginning of each session. It is your responsibility to obtain information about your insurance coverage, including your deductible, if any, and your co-pay amount. Co-pays are due at the beginning of each session. I will be happy to give you receipts upon request. Session length is typically 50 minutes with a ten minute cushion at the beginning or end of the session as needed.

### **Cancellations**

Since I have reserved our appointment time for you, it is my policy to charge for cancellations received with less than 24 hours notice, unless we are able to reschedule the appointment within the same week. Insurance companies generally do not reimburse for missed appointments.

### **Reports and Phone Calls**

There is no charge for brief calls. Calls lasting longer than 10 minutes will be charged to you on a pro-rated basis. *Please be aware that I cannot insure confidentiality during cell phone calls and e-mails, due to the non-private nature of electronic technology.* Reports requested by insurance companies, courts, physicians, etc., will not be released without your permission. Charges for reports may be pro-rated based on your hourly rate, depending upon the circumstances.

### **My Availability and Voice Messaging**

I am available to receive phone calls during most normal business hours. If I am in session, you will get my voice mail box. I pick up my messages frequently. If you have a major emergency, and cannot reach me, you may need to seek assistance from a mental health center, emergency room, 911 or a crisis call center. When I am out of town, I can provide you with the name and number of a well-qualified colleague as back-up, if you request.

### **Termination of Therapy**

It is always your right to terminate therapy at any time. However, I strongly encourage and invite you to discuss this decision with me. It has been my experience that, particularly in a therapeutic relationship of any length, termination is a very important process. If I see you approaching readiness to leave therapy, I

