

Expansive Self Psychotherapy, LLC
Camille Brunel, MS, LPC
619 12th St #523, Golden, CO 80401
cbrunel@expansiveself.com
(720) 575-0977

PROFESSIONAL DISCLOSURE STATEMENT

About the therapist

I completed my Master of Science in Nutrition & Clinical Health Psychology in 2019 at Bastyr University, a school for natural medicine in Kenmore, WA. After receiving my associate license, I practiced therapy at a community mental health agency in Seattle, WA that focused on serving lower-income, LGBTQIA+ adults. From there, I went on to work at a group private practice in Tacoma, WA that treats eating disorders from a Health at Every Size and anti-oppression lens. I became fully licensed in 2022 as a LMHC in WA State and then acquired LPC licensure in Colorado via endorsement in 2023. When I returned to Colorado, I initially worked as a primary therapist at Eating Recovery Center Denver in an inpatient, residential, and partial hospitalization unit for children and adolescents before transitioning to Aspen Ridge Mental Health (FKA Colorado Therapy & Assessment Center), a premier outpatient treatment center for eating disorders and mental health. I have primarily received training in the following therapeutic modalities: Internal Family Systems, Somatic Experiencing, Acceptance & Commitment Therapy, and Dialectical Behavior Therapy.

Disclosure of Provider Credentials

Education

- Bachelor of Arts in Religious Studies, High Honors, Oberlin College
- Master of Science in Nutrition & Clinical Health Psychology, Bastyr University

License Type

- Licensed Professional Counselor, Colorado License No. 18847

Regulation of Mental Health Professionals in Colorado

The practice of licensed, certified, or registered mental health professionals is regulated by the Department of Regulatory Agencies (“DORA”) Division of Professions and Occupations (“DOPO”). The Board of Professional Counselor Examiners regulates Licensed Professional

Counselors, and can be reached at 1560 Broadway, Suite 1350, Denver, CO 80202, 303-894-7800.

A Licensed Professional Counselor must hold a master's degree in their profession, have two years of post-masters supervision, pass a Colorado jurisprudence examination, and pass an examination in their profession; or, they may obtain licensure through endorsement by DORA.

Philosophy/Approach

I use a blend of different therapeutic approaches, including Internal Family Systems, Sensorimotor Psychotherapy, and Dialectical Behavior Therapy:

Internal Family Systems is a therapy that developed out of theoretical approaches initially used to treat families. Dr. Richard Schwartz observed that the same types of concepts used to understand family dynamics, could be applied to the parts of an individual. The aim in Internal Family Systems is to develop a strong relationship between the self, the source of personal healing and wisdom, and all parts.

Sensorimotor Psychotherapy provides psychoeducation and assessment tools for understanding how the nervous system is impacted by attachment wounds and traumatic stress and strategies for healing and regulating the nervous system.

Dialectical Behavior Therapy is a cognitive behavior therapy which uses skills training in mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness skills to support the stabilization of extreme behaviors and emotions.

There may be risks and benefits involved in all of these types of therapy. If you ever have a question or concern about my methods, please ask me about it.

As a licensee of the Colorado State Board of Licensed Professional Counselor Examiners, I abide by its Code of Ethics. To maintain my license, I am required to participate in continuing education.

Client Rights/Additional Mandatory Disclosures

As a client of a Colorado State licensee, you have the following rights:

- To receive information from your provider about the methods of therapy, the techniques used, the duration of therapy (if known), and the fee structure.
- To seek a second opinion from another therapist or to terminate therapy at any time;

- To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic state.
- 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.
- Your records are maintained in accordance with Colorado law, which currently requires that I maintain your records for a period of seven (7) years commencing on the date of termination of services or the date of last contact with the client, whichever is later. When the client is a child, the records must be maintained for a period of seven years commencing either upon the last day of treatment or when the child reaches 18 years of age, whichever comes later. After this time, your records will be destroyed.

Disclosure of Limitations of Confidentiality

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 12-245-220 of the Colorado Revised Statutes, and the HIPAA Notice of Privacy Rights you are provided in your intake paperwork as well as other exceptions in Colorado and Federal Law.

Listed below are exceptions to confidentiality:

- 1) If you are an imminent danger to yourself or another person, including persons identifiable by their association with a specific location or entity.
- 2) If your provider has reason to believe that a child or vulnerable adults, such as an adult with an intellectual disability or an elderly person, is being abused, neglected, or exploited.
- 3) If your records are Court Ordered to be turned over.

Please be advised that there is no time limit on the mandatory reporting of child abuse. This means that even adult clients who experienced childhood abuse (no matter how long ago) might disclose in therapy past abuse incidents that still fall under the mandatory reporting requirements. The law requires that if there is reasonable cause to know or suspect that the perpetrator has subjected any other child currently under eighteen years of age to abuse or neglect or to circumstances or conditions that would likely result in abuse or neglect and/or is in any "position of trust" with children today then past abuse disclosed by an adult client is required to be reported. If you have questions or concerns about these requirements, please discuss further with me.

In situations such as those outlined above, I may be required to take protective actions which may include notifying the potential victim, contacting the police or Child Protective Services, seeking hospitalization for the client, or other actions to limit harm to yourself or others. If such a situation arises during our work together, I will make every attempt to discuss it fully with you before taking necessary action.

In addition, I may disclose confidential information in the course of consultation with other professionals. I will make every effort to avoid revealing your identity in the course of such consultation, and any professional with whom I consult will be legally bound to keep the information confidential. Signing this document gives me permission to consult as necessary. I may also reveal confidential information in the event of an investigation of a complaint or civil suit filed against me or if I am ordered to do so by a court of law. In addition, there may be other exceptions to confidentiality as provided by HIPAA regulations and other Federal and/or Colorado laws and regulations that may apply.

Please note that if we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. If you acknowledge me first, I will be more than happy to speak briefly with you; however, I will not engage in any lengthy discussions in public or outside of the therapy office.

Consent to Treatment

I acknowledge that therapy is a collaborative process between treatment provider and client. I understand that the outcome of treatment cannot be guaranteed. I agree to follow all office and payment policies. I understand that I am under no obligation to comply with the treatment recommendations made by my provider and am able to discontinue treatment at any time. I have read the preceding information (it will also be presented verbally during your first appointment) and I understand my rights as a client or the client's responsible party.

Client Name (Please Print)

Date

Client's Signature

Date

Parent/Legal Guardian Signature
(Please specify relationship to client)

Date

Parent/Legal Guardian Signature

Date

(Please specify relationship to client)