1. INFORMATION
   Name/Address/Telephone:

2. CREDENTIALS
   Licensure: ______________________________________________________
   For an unlicensed therapist, you must state: a registered psychotherapist
   Degrees: ______________________________________________________
   Professional Experience: _________________________________________
   Certifications: ________________________________________________

3. REGULATION OF PSYCHOTHERAPISTS
   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 regulatory boards can be reached
   at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. The regulatory requirements
   for mental health professionals provide that 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-doctorial 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 bachelor’s 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 listed in the State’s Database and is authorized by law to practice psychotherapy in Colorado, but is
   not licensed by the state and is not required to satisfy any standardized educational or testing
   requirements to obtain a registration from the state.

4. CLIENT RIGHTS AND IMPORTANT INFORMATION
   a. You are entitled to receive information from me about my methods of therapy, the
      techniques I use, and the duration of your therapy, and my fee. Please ask if you would
      like to receive this information.
   b. You can seek a second opinion from another therapist or terminate therapy at any time.
   c. 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 Board
      that licenses, certifies or registers the therapist.
   d. Generally speaking, information provided by and to a client in a professional relationship
      with a psychotherapist is legally confidential, and the therapist cannot disclose the
      information without the client’s consent. There are several exceptions to confidentiality
      which include: (1) I am required to report any suspected incident of elder, IDD, and
      child abuse or neglect to law enforcement; (2) I am required to report any threat of
      imminent physical harm by a client to law enforcement and to the person(s) threatened;
      (3) I am required to initiate a mental health evaluation of a client who is imminently
dangerous to self or to others, or who is gravely disabled, as a result of a mental disorder; (4) I am required to report any suspected threat to national security to federal officials; **(5) I am required by HB 14-1271 to report any threats against locations such as churches, schools, theatres, workplaces, etc to law enforcement**, and (6) I may be required by Court Order to disclose treatment information.

e. When I am concerned about a client’s safety, it is my policy to request a Welfare Check through local law enforcement. In doing so, I may disclose to law enforcement officers information related to my concerns. By signing this Disclosure Statement and agreeing to treat with me, you consent to this practice, if it should become necessary.

f. Under Colorado law, C.R.S. § 14-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, in compliance with Colorado law and HIPAA Standards.

g. I am under clinical supervision. My clinical supervisor is Dr. Reo Leslie, Jr., LMFT, LPC, CAC III will be receiving information concerning your treatment and will be consulting with me so that you will receive the best care that we can provide.

h. As required by HB17-1011 I am informing you that your client records will be destroyed 7 years after the termination of psychotherapy as pursuant to DORA Rules and the Colorado Mental Health Practice Act. **Colorado law, CRS 12-43-218, allows confidentiality to be breached if a mental health professional believes a client is a potential school shooter.**

5. DISCLOSURE REGARDING DIVORCE AND CUSTODY LITIGATION

If you are involved in divorce or custody litigation, my role as a therapist is not to make recommendations to the court concerning custody or parenting issues. By signing this Disclosure Statement, you agree not to subpoena me to court for testimony or for disclosure of treatment information in such litigation; and you agree not to request that I write any reports to the court or to your attorney, making recommendations concerning custody. The court can appoint professionals, who have no prior relationship with family members, to conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family’s children.

I have read the preceding information, and it has been presented to me verbally. I understand the disclosures that have been made to me. I also acknowledge that I have received a copy of this Disclosure Statement.

Print Client’s Name ____________________________________________________

_______________________________  ______________________________
Client Signature or Responsible Party  Date