



## DISCLOSURE STATEMENT

### Regulatory Agency

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 Registered Psychotherapists and Licensed Professional Counselors 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 Registered psychotherapist is a psychotherapist 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.
- A Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- A Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.
- A Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, 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 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 Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's 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.

### Client Rights

As a client, you should be aware of the rights to which you are entitled. These include:

- (1) You may receive information about methods of therapy, the techniques used, the duration of therapy (if it is possible to determine), and fee structure. Please ask at any time if you would like to receive this information.
- (2) You may 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) The information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist, except in certain situations as provided by state statutes.

### Confidentiality

The information provided by the client during therapy sessions is legally confidential in the case of licensed marriage and family therapists, social workers, professional counselors, and psychologists; licensed or certified addiction counselors; and registered psychotherapists, except as provided in § 12-43-218 and except for certain legal exceptions that will be identified by the licensee, registrant, or certificate holder should any such situation arise during therapy.

We may consult with supervisors or confidential peer supervision group without disclosing your full name or identifying information. The purpose of these consultations is to enhance our ability to help you, and these individuals are required to follow the same standards of confidentiality previously described.

Adolescents above the age of 15 are considered adults in the mental health and medical fields, and therefore their confidentiality is treated as such. In these cases, adolescents do not need parent/guardian permission to seek treatment, and treatment cannot be confirmed or discussed with parents/guardians without permission from the adolescent. Parents and guardians, however, can be a very important part of this process, so we do our best to work with parents/guardians within the limits of the client's comfort and permission as a way to help our clients to the best of our ability.

**Records**

Any person who alleges that a mental professional has violated the licensing laws related to the maintenance of records of a client eighteen years of age or older, must file a complaint or other notice with the licensing board within seven years after the person discovered or reasonably should have discovered this. Pursuant to law, this practice will maintain records for a period of seven years commencing on the date of termination of services or on the date of last contact with the client, whichever is later.

When the client is a child, the records must be retained for a period of seven years commencing either upon the last day of treatment or when the child reaches eighteen years of age, whichever comes later, but in no event shall records be kept for more than twelve years.

**Outside of Therapy**

It is important in the therapeutic process to have a clear boundary between our work here and your life outside of counseling. As your therapists, we cannot have any other role in your life, such as friendship, social media connections, or business partnerships.

**Services, Fees and Payment**

Mindfully Me offers individual therapy for children, adolescents, and young adults as well as parent consultation. Our rates for both individual counseling and parent consultation are \$120/hour. Payment is expected at the time of service and may be made in cash, check made payable to Mindfully Me, or credit card. We do not accept insurance at this time.

If you have any questions or would like additional information, please feel free to ask.

**Disclosure Statement Acknowledgement**

By signing below, I acknowledge that I have read the preceding information and I understand my rights as a client or as the client's responsible party.

\_\_\_\_\_  
Print Client's name

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Responsible Party's Signature

\_\_\_\_\_  
Date

If signed by Responsible Party, please state relationship to client and authority to consent:

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