



MANDATORY DISCLOSURE AND CONFIDENTIALITY FORM

As a counseling client, you are entitled to know your rights:

- You have the right to get information about therapy methods and techniques, the length of treatment time, and the cost. Please ask if you have questions or would like information at any time.
- You have the right to seek a second opinion at any time.
- You have the right to information concerning your therapist's training, educational degrees, licenses and credentials.
- You have the right to end therapy at any time, although a closing session is recommended.
- Your therapist works with a supervisor and may discuss the evaluation of treatment, or video tape sessions for the purpose of supervision only
- In a professional relationship such as this one, sexual intimacy is never appropriate and should be reported to the Grievance Board.
- The practice of licensed persons in the fields of psychotherapy is regulated by the Mental Health Licensing Section of the Colorado Division of Registries. The Boards of Psychology and Social Work can be reached at:
1560 Broadway, Suite 1300
Denver CO, 80202
- 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.

CONFIDENTIALITY:

The information provided during therapy sessions is legally confidential and information may not be disclosed without written consent. The exceptions to this confidentiality are listed in the Colorado Revised Statutes section 12-43-218 as well as Colorado and Federal law. For example:

- Mental health professionals are required to report suspected child and elder abuse or neglect
- If you threaten to hurt yourself or someone else
- When you or your representative files a lawsuit or grievance against your counselor
- For more information or details on search mental health statutes at www.colorado.gov

By signing this form I acknowledge that I have read the above information and understand my rights as a client and that I have asked any questions I have about this form:

Printed Name

Signature of parent/guardian

Date

Therapist Signature/title

Date