

DISCLOSURE STATEMENT

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CREDENTIALS

Licensed Professional Counselor (0000527) in Colorado since 1992, Current Clinical Member, American Association of Marriage & Family Therapists (AAMFT) Clinical Member, Catholic Psychotherapy Association

REGULATION OF PSYCHOTHERAPISTS

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, and unlicensed individuals who practice psychotherapy. All questions or complaints should be addressed to: Department of Regulatory Agencies, Mental Health Section, Board of Examiners, 1560 Broadway, Suite 1350, Denver, CO 80202, 303-894-7800.

As to the regulatory requirements applicable to mental health professionals, a Licensed Clinical Social Worker, a Licensed Marriage & 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 masters 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 the additional required training and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters 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.

CLIENT RIGHTS AND IMPORTANT INFORMATION

You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (If I can determine it), and my fee structure. Please ask if you would like to receive this information.

You can seek a second opinion from another therapist or terminate therapy at any time.

In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate.

Generally speaking, the information provided by you as the client during the therapy session is legally confidential. Since the information is legally confidential, I cannot be forced to disclose any of your information without your consent. Information disclosed to me is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates.

There are exceptions to the general rule of confidentiality. These rules are listed in the Colorado statutes (C.R.S. 12-43-218). You should be aware that provisions concerning disclosure of confidential communication shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90107 C.R.S.. **Confidentiality may also be waived in the event of physical abuse and/or neglect of a child, including any past sexual contact with a minor.** All therapists are required by law to report such instances to the Department of Social Services. **Additionally, in the event of imminent danger to yourself or another person, I am required by law to protect you which may result in you being hospitalized, and I have a duty to warn anyone who may be in imminent danger as a result of your threats or frame of mind. I am required to report any suspected incident of elder abuse. I am required by HB 14-1271 to report any threats against locations such as churches, schools, theatres, workplaces, etc. to law enforcement, and I may be required by Court Order to disclose treatment information. As required by HB 17-1011, 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.**

DISCLOSURE REGARDING DIVORCE AND CUSTODY LITIGATION

If you are involved in a divorce or custody litigation, my role as therapist is not to make recommendations to the court concerning custody or parenting issues. By signing the 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 your attorney, making recommendations concerning custody. The court can appoint professionals, who have no prior relationship with family members, to conduct an investigation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family's children.

By signing this disclosure you acknowledge receipt of the HIPAA policies for your review. You are not required to sign this notice to receive treatment. If you have any questions or would like additional information, please feel free to ask me.

I have read the preceding information, it has been provide verbally, and I understand my rights as a client.

Client Signature

Date

Client Signature

Date

Mary Ann Van Buskirk, M.A., M.Div., LPC

Date