DISCLOSURE STATEMENT

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The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologist, 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.

The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite #1370, Denver, CO 80202 (303) 894-7766.

The Colorado Department of Regulatory Agencies governs professional counselors and psychotherapists. Both licensed and unlicensed practitioners are monitored under the same statue. I am required by law to inform you of my qualifications.

Training and Degrees:

New Mexico State University- Associates 1970 Business
Trinity College and Seminary- BA 1996 Biblical Counseling
Certificate of Chaplaincy- Master's Divinity School
Trinity College and Seminary- MA 2002 Biblical Counseling/ Emphasis in Women's Issues
Family Play Therapy Institute- Certificate of Marriage and Family Therapy 2005
Splankna Therapy Institute-Certified Splankna Practioner 2011
Splankna Therapy Institute-Master's Certification- Complete October, 2013

My credentials are:

I am in the Colorado database as a licensed marriage and family therapist. My Colorado Licensure number is 755.

Professor adjunct, Master's Divinity School, Evansville, IN - Counseling Women of Trauma

My method of counseling is client-centered therapy, utilizing experiential and cognitive models .Currently, I work with men, women and couples in individual settings covering a range of issues including: sexual trauma, grief, abortion, co-dependency, broken relationships and spiritual issues of the heart. I have received special training in the areas of sexual trauma, post abortion, sexual addiction, eating disorders and relationship recovery. I have over 2,000 hours of practical experience in individual and group counseling settings combined.

Membership organizations:

I am a member of the American Association of Christian Counselors.

Publications:

CPR~ Choice Processing and Resolution, CPR Therapy Model, Emotionality Syndrome, Counseling the Woman of Trauma, STARS Curriculum, Emotionality Syndrome Workbook, Relationship Recovery Workbook

Client Rights and Important Information:

- a. 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.
- 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 Department of Regulatory Agencies, Mental Health Section.
- d. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed marriage and family therapist, a licensed social worker, a licensed professional counselor, a licensed psychologist, or an unlicensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.

Information disclosed to a licensed marriage and family therapist, a licensed social worker, a licensed professional counselor, a licensed psychologist, or an unlicensed psychotherapist 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 legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). You should always be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S. These exceptions are:

- If you pose a serious physical danger to yourself or another person.
- If you disclose that you have physically or sexually abused or molested a child, an elderly person, an incompetent person, or a disabled person.
- If you disclose that a child, an elderly person, an incompetent person, or a disabled person is suffering from neglect.
- Confidentiality does not apply in a criminal or delinquency proceeding, or when there is a legal
 or disciplinary proceeding regarding quality of care, or when services are being reviewed by a
 professional or legal entity, except as provided in section 13-90-107 C.R.S.
- 5. <u>Consultation:</u> In an attempt to gain other perspectives and ideas as to how best to help you reach your goals, I will consult with other professionals regarding clients with whom I meet. Such consultations are conducted in such a way that complete confidentiality is maintained. No "identifying information" is shared in these consultations.
- 6. <u>Multiple Signatures:</u> If multiple client signatures are on this form I do not guarantee confidentiality between those individuals. This primarily occurs when I see one of the people in an individual counseling session and feel it is therapeutically important that the other person(s) know some information which was revealed during that session.

I have read the preceding information and understand my rights as a client/patient.

<u>Reporting:</u> Any suspected infractions of the therapeutic relationship that cannot be worked out with me or my supervisor should be reported in writing to the State Grievance Board at 1560 Broadway, Suite #1350, Denver, CO 80202 or by calling (303) 894-7766.

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

Client/Patient Signature	Date
Therapist	Date