## DISCLOSURE STATEMENT

Nancy Martin, MA, LPC 106 N. French Street, Ste. 220 · Breckenridge, CO 80424 P.O. Box 4072 · Breckenridge, CO 80424 970-389-7028

Licensed Professional Counselor State of Colorado
Master of Arts Counseling Psychology and Counselor Education
from the University of Colorado and Health Sciences Center-Denver
National Certified Counselor from the National Board for Certified Counselors
Certified Clinical Hypnotherapist

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 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:

- ✓ 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.
- ✓ Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- ✓ Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.
- ✓ Certified Addiction Counselor III (CAC III) must have a bachelors degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.
- ✓ Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements.
- ✓ Licensed Social Worker must hold a masters degree in social work.
- ✓ 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.
- ✓ 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-doctoral supervision.

You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy (if known), and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time.

In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or

certificate holder.

Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes, as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: <a href="http://www.dora.state.co.us/mental-health/Statute.pdf">http://www.dora.state.co.us/mental-health/Statute.pdf</a>.

## Policy Regarding Record Retention:

My records regarding the treatment of adults will be kept for seven (7) years after treatment ends or following our last session, but may not be kept after seven years. My records for treatment of minors will be kept for seven (7) years, commencing on the last date of treatment or when the minor reaches 18 years of age, whichever comes later, but in no event am I required to ceep these records for longer than 12 years.

I have read the preceding information, it has also been provided verbally, and I

| understand my rights as a client or as the client's responsible party. |                                 |         |
|--|---------------------------------|---------|
| Print Client's name  |                                 |         |
| Client's or Responsible Party's Signature                              | Date                            |         |
| If signed by Responsible Party, please state relation                  | ship to client and authority to | consent |