

Disclosure statement

As of July 1, 1988, the state of Colorado requires that all psychotherapists provide clients with the following information: The Colorado Department of regulatory Agencies has the general responsibility of regulating the practice of all therapists. Any questions or complaints regarding mental health professionals may be directed to: Department of Regulatory Agencies, Division of Professionals and Occupations, Board of Professional Counselors Examiners, 1560 Broadway, Suite 1350, Denver, CO., 80202, 303-894-7766. Further, everyone fifteen or older must sign a disclosure statement. Anyone under the age of fifteen must have a parent and/or a legal guardian sign on behalf of the minor child. This disclosure statement is HIPPA compliant and no medical and/or psychotherapeutic information, or any other information related to your privacy, will be revealed without your permission unless mandated by law.

Levels of Psychotherapy Regulation in Colorado include licensing (requires minimum education, experience, and examination qualifications), Certification (requires minimum training, experience, and for certain levels, examination qualifications.) All levels of regulation require passing a jurisprudence take-home examination.

- Certified Addiction Counselor I (CACI) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- Certified Addiction Counselor II (CACII) must complete additional required training hours and 2,000 hours of supervised experience.
- Certified Addiction Counselor III (CACIII) must have a bachelor's degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.
- Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements.
- Licensed Social Worker must hold a master's 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 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 and important information

- You are eligible 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 is NEVER appropriate between a therapist and a client. If sexual intimacy occurs, it should be reported the Department of Regulatory Agencies, Division of Professionals and occupations, Board of Professional Counselor Examiners.
- Generally speaking, information provided by and to a client during therapy sessions with a certified school psychologist, a licensed clinical social worker (LCSW), a licensed marriage and family therapist (LMFT), a licensed professional counselor (LPC), a licensed psychologist, or an unlicensed registered psychotherapist practicing under the supervision of a licensed therapist is legally confidential except in certain legal exceptions as provided in C.R.S. 12-43-218. Exceptions also include when one is considered to be a danger to self or another or in the case of child physical, sexual or emotional abuse or neglect, or in the case of elder abuse. I may also disclose confidential information in the course of supervision or consultation and in the investigation of a grievance or malpractice claim or if I am ordered by a court of competent

jurisdiction to disclose such information. You should also be aware that if you should communicate any information involving a threat to yourself or to others, I may be required to take immediate action to protect you or others from harm.

- There may be times when I may want to consult with a colleague or another Licensed Psychotherapist to optimize your growth and healing opportunities. Your confidentiality is still protected during consultation. Signing this disclosure statement gives me permission to consult as described here to provide professional therapy services to you.

If you agree to communicate via electronic communications such as text, email, telephone, or any other electronic method of communication I CANNOT guarantee that those communications will remain confidential. However, confidentiality does extend to those electronic communications. Please initial next to each electronic method of communication you consent to using:

_____ Cellular/mobile Phone. Does this include texting? _____
 _____ Unsecured email _____ Other media. Please describe: _____

Further, we may use VSee, an on-line audio/video conference call service for sessions when client tight schedules or long distance prohibits in-person sessions. VSee is specifically designed to support HIPAA compliance through various technological advances to information protection. All first sessions will be done in person however, and other sessions as well as needed to support the therapeutic process.

- I provide non-emergency Psychotherapy services by scheduled appointment. If I believe that your therapeutic issues are above my level of competence, or outside of my scope of practice, I am legally required to refer, terminate or consult. If you are having a true emergency, you will call 911 or check yourself into the nearest hospital emergency room. I do not provide after-hours service without an appointment. If you must seek after-hours treatment from any counseling agency or center, you will be responsible for any fees due.
- You understand that you are legally responsible for payment for your Therapy. I do not take any insurance. You are solely responsible for taking receipts from our sessions to your insurance provider for reimbursement.

Degrees and Credentials

I received my Master’s Degree in Counseling Psychology from the University of Colorado at Denver in 2002 and my Bachelor of Arts degree in Cultural Anthropology from Humboldt State University. I am a Licensed Professional Counselor, License number: 4863. I am trained in the Hakomi Body-Centered Method of Psychotherapy, EMDR, Internal attachment and somatic resolution and various body-centered and mindfulness practices to support healing and thriving in all areas of life. I am happy to share the full list of my advanced and continued training at your request.

I have been informed of my Therapist’s degrees, credentials and licenses. I have also read the preceding information and understand my rights as a client.

Client Signature Print Name Date

Jamie Brennan, M.A., LPC Date