

Mandatory Disclosure of Information

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 Psychologist 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: a 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. A Licensed Social Worker must hold a masters degree in social work. A Psychologist 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 1,000 hours of supervised experience. A CAC II must have a bachelors degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelors degree in behavioral health, and complete additional required training hours 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.

You are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy (if it is known), and the fee structure. A client may seek a second opinion or alternative treatment from another therapist or may terminate therapy at any time.

In a professional relationship, a sexually intimate relationship between a therapist and client is *never* appropriate. If such a relationship occurs, it 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 a 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 12-43-21 of the Colorado Revised Statutes" and the Notice of Privacy Rights you were provided as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly.

Any person who alleges that a mental professional has violated the licensing laws related to the maintenance of records of a client eighteen years of age or older, must file a complaint or other notice with the licensing board within seven years after the person discovered or reasonably should have discovered this. Pursuant to law, this practice will maintain records for a period of seven years commencing on the date of termination of services or on the date of last contact with the client, whichever is later.

You are welcome to inquire about the treatment risks and side effects, as well as the length and frequency of treatment sessions. Within this practice we aim to provide service, which is respectful and dignified, regardless of age, gender, religion, sexual orientation or ethnicity.

The following is information about your therapist:

Therapist's Name:	Leigh M. Baker
Business Address:	6740 E. Hampden Avenue Suite 303 Denver, Colorado 80224
Business Phone:	303-790-5585
Degrees:	M.A. 1976, Special Education Psy.D. Clinical Psychology, 1987, University of Denver MA, Special Education University of North Colorado, Greeley, 1984
Licenses:	Clinical Psychology, #1315 State of Colorado

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.

Patient Signature / Date
(Or parent/guardian for a minor)

Therapist Signature / Date

Client's or Responsible Party's Signature/Date

If signed by Responsible Party, please state relationship to client and authority to consent: _____