

Marissa Pope, LPC, C.A.R.T.

Mandatory Disclosure Statement

Marissa is a Licensed Professional Counselor in the states of Colorado and Texas and holds a Certification as an Anger Resolution Therapist.

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The Board of Professional Counselor 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, the state of Colorado requirements for Licensed Professional Counselor include a master's degree at a CACREP certified or equivalent university, at least 2,000 hours supervised experience (Marissa has over 2,500), and the passing of two rigid exams; a national competency examination and a state jurisprudence exam.

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, and the HIPAA 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 suspected child abuse to authorities.

If a legal exception arises during therapy, if feasible, you will be informed accordingly.

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 relationship to client and authority to consent:
