

atient Name:	Date of Birth:	Pt ID:	
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DISCLOSURE STATEMENT

Name, business address, and business phone number of primary therapist:

4190 & 4150 E Woodmen Rd, Colorado Springs, CO 80920

- Andrew Sedillo, MD DR.0047648
- Rachel Wilkenson, MD DR.0051859
- Lori Warren, Psychiatry NP APN.0992535
- LaNette Jackson, LPC-C LPCC.0018119

The Colorado Department of Regulatory Agencies (DORA) has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, certified or licensed addictions counselors, and unlicensed individuals who practice psychotherapy. All questions and/or complaints should be addressed to the Department of Regulatory Agencies, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

Client Rights and Important Information

- You are entitled to receive information about the credentials of your therapist, the methods of therapy, the techniques used, the duration of your therapy (if it can be determined), and the fee structure. Please ask if you would like to receive this information.
- You can seek a second opinion from another therapist, which may or may not be covered by your benefit plan, or terminate therapy at any time.
- When multiple providers are involved in your care, you are entitled to receive information about those providers' degrees, credentials, and licenses upon request.
- In a professional relationship, sexual intimacy between a therapist and a client 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 a client during therapy sessions is legally confidential. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent. In addition, information disclosed to a therapist 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. However, there are exceptions to the general rule of legal confidentiality and privilege. For example, therapists are required to report the abuse and/or neglect of a child, elderly person, or a person with a physical

or mental disability. Additionally, in the event of imminent danger to yourself or another person, therapists are required by law to protect you, which may result in you being hospitalized, and therapists have a duty to warn anyone who may be in imminent danger as a result of threats made by you. Some of these exceptions are listed in the Colorado Revised Statute 12-43-218 and in the Notice of Privacy Practices you were provided. There are other exceptions that will be identified, if feasible, should any such situation arise during therapy.

• As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker (LCSW), a Licensed Marriage and Family Therapist (LMFT), and a Licensed Professional Counselor (LPC) must hold a masters degree in their profession and have two years of post-masters supervision. A Licensed Social Worker (LSW) must hold a masters degree in social work. A 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. A Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours, and have 1000 hours of supervised experience. A CAC II must complete the additional required training hours and 2000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health, complete additional required training hours, and have 2000 hours of supervised experience. A Licensed Addiction Counselor (LAC) must have a clinical masters degree and meet the CAC II 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.

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

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client/patient.

Patient Name	Date	
Patient Signature	Date of Birth	_
Parent/Guardian Signature	Date	_
BH Provider	Date	_