

DATABASE APPLICATION FOR UNLICENSED PSYCHOTHERAPISTS

APPLICANT INSTRUCTIONS

Database Listing Requirements. All persons practicing psychotherapy in the State of Colorado are required to list their credentials in the database directory. Pursuant to Colorado Revised Statutes section 12-43-702.5, unlicensed psychotherapists are required to record with the Grievance Board their name, current address, educational qualifications, current mandatory disclosure statement, therapeutic orientation or methodology (or both), and years of experience in each specialty area. Please read the statutes carefully, especially C.R.S. 12-43-201 through 12-43-229 and C.R.S. 12-43-701 through 12-43-711. Information is available at www.dora.state.co.us/mental-health.

Individuals who currently provide psychotherapy services and are in the process of applying for licensure, or have applied for licensure and have not yet been granted a license, are required to comply with the database listing. **Submission of a licensure application does not exclude the license applicant's responsibility to comply with the database requirement.**

Exemptions. Pursuant to C.R.S. 12-43-215(8), employees of community mental health centers are exempted from the database requirement. For more information, visit our website at www.dora.state.co.us/mental-health/nlc/dbexemptions.htm.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Be sure to keep a copy of the completed application for your records.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that an affidavit be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, and listing documents are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Registrations Online Services at www.doradls.state.co.us.

License Expiration Grace Period for New Applicants. All new applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between May 1, 2011 and August 31, 2011 will reflect a license expiration date of August 31, 2013. Licenses issued prior to May 1, 2011 will reflect an expiration date of August 31, 2011 and must renew in the upcoming renewal period.

- ▶ All Database listings expire on August 31 of odd-numbered years and must be renewed to continue practicing.

Checking Your Application Status. Visit Registrations Online Services at www.doradls.state.co.us to track your application from the date we log it in our database to the date your listing document is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

APPLICANT CHECKLIST

To be eligible for Listing in the Unlicensed Psychotherapy Database, you must submit:

- Completed application and supporting documentation if required.** Return the completed application and all supporting documentation to the Office of Licensing.
- Non-refundable application-processing fee.** See page 1 of the application form for current fees. Fees may be paid by check or money order drawn in U.S. dollars and **made payable to *State of Colorado***. All fees are non-refundable and subject to change every July 1.
- Documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- Completed Affidavit of Eligibility form (attached).** Pursuant to Section 24-34-107, C.R.S, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.
- Documentation of highest educational degree completed** and a copy of the **transcript** or **diploma** which verifies receipt of that educational status.
- Completed Jurisprudence Exam.** It is your responsibility to ensure that you use the most current version of the examination, which is available online at www.dora.state.co.us/mental-health/nlc/licensing.htm.
- Completed Mandatory Disclosure Statement.** Section 12-43-214 C.R.S., mandatory disclosure of information to clients, has been required by law since July 1, 1988. This disclosure of information is viewed as significantly important in protecting the public from the unauthorized, unqualified, and improper application of psychotherapy. It is one of the few prohibited activities which is also an unlawful act (a class 3 misdemeanor offense). Attached for your convenience is a copy of a model disclosure statement provided to assist psychotherapists in meeting this statutory requirement. All psychotherapists must include a copy of their mandatory disclosure statement with their data base application form.
- Brief statement/listing of therapeutic orientation, plus years experience.** An attachment identifying the most recognized methods used by psychotherapists in Colorado is included as a guide. This is only a sample to assist you in defining orientation/methodology and is not an all-inclusive listing of psychotherapeutic methods.

Return your completed application packet and all supporting documentation to:

Division of Registrations
Office of Licensing—Unlicensed Psychotherapist
1560 Broadway, Suite 1350
Denver, CO 80202



IMPORTANT NOTICE

TO: All Applicants

FROM: Rosemary McCool, Director, Division of Registrations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Registrations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Registrations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the [website](#) of the appropriate board or program.*



AFFIDAVIT OF ELIGIBILITY

Pursuant to H.B. 06S-1009, C.R.S 24-34-107, **ALL** applicants for original licensure or licensees renewing a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

Section A: LAWFUL PRESENCE in the United States.

I, (please print your full name) _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check 1, 2 or 3 below):

1. ___ I am a US citizen.
2. ___ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
 - a. ___ I am a qualified alien as defined in 8 U.S.C. sec 1641.
 - b. ___ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended.
 - c. ___ I am an alien who is paroled into the US under 8 U.S.C. sec. 1182 (d) (5).
3. ___ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
 - a. ___ I am a US citizen, not physically present or employed in the United States.
 - b. ___ I am a Foreign National, not physically present or employed in the United States.

If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.

Section B: Secure and Verifiable Document. This section must be completed if you checked number 1 or 2 in Section A.

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided upon request only.
 - Any Colorado Driver License, Colorado Driver Permit or Colorado Identification Card, expired less than one year. (Temporary paper license with invalid Colorado Driver License, Colorado Driver Permit, or Colorado Identification Card, expired less than one year is considered acceptable.)
 - Out-of-state issued photo Driver's License or photo identification card, photo driver's permit expired less than one year.
 - Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa.
 - Valid I-551 Resident Alien or Permanent Resident card.
 - Valid foreign passport accompanied by an "I-94" indicating a specific future "until" date.
 - Valid I-94 issued by Canadian government with L1 or R1 status and a valid Canadian driver's license or valid Canadian identification card.
 - Valid Temporary Resident Card.
 - Valid I-94 with refugee/asylum stamp.

(document list continued on page 2)

- Valid 1688B or 1766 Employment Authorization Card.
- Valid US Military ID (active duty, dependent, retired, reserve and National Guard).
- Tribal Identification Card with intact photo (US or Canadian).
- Certificate of Naturalization with intact photo.
- Certificate of (US) Citizenship with intact photo.
- Passport issued by the U.S. Government with one of the following documents: Social Security card; marriage, divorce or separation certificate or decree; or a Colorado or Federal tax return.
- Colorado Department of Corrections Inmate Identification Card with a Social Security card issued by the United States Government.

2. Enter the state or the federal agency name where this secure and verifiable document was issued.

_____ (If issued by a state agency, include both the state and agency name.)

3. What is the secure and verifiable document number? _____

4. What is the expiration date of your secure and verifiable document? ____/____/____ (month/day/year)
 (If you hold a document without an expiration date, such as a military ID or naturalization certificate, write N/A.)

Section C: Attestation.

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

 Signature

 Date

 Please print your name as shown on your secure and verifiable document.

Professional License Type: _____

License Number (if already licensed): _____

This application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

I am currently licensed/certified as a Certified Domestic Violence Treatment Provider. YES NO

▶ If YES, provide documentation.

PART 1—APPLICANT INFORMATION

Last Name			First Name			Middle Name					
Previous Name(s)											
Social Security Number *			Date of Birth (mm/dd/yy)			Place of Birth			<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Mailing Address.		This is a:		<input type="checkbox"/> Home	<input type="checkbox"/> Business						
Preferred Mailing Address (PO Box, Street, City, State, ZIP)											
()											
Daytime Telephone Number					E-mail Address						

PART 2—EDUCATION

Please list your **highest educational degree** and enclose a copy of the **transcript** or **diploma** which verifies receipt of the educational status listed.

<input type="checkbox"/> GED	<input type="checkbox"/> Bachelors
<input type="checkbox"/> High school graduate	<input type="checkbox"/> Masters
<input type="checkbox"/> Associate	<input type="checkbox"/> Doctorate

Name and location of college, university or program awarding degree: _____

Diploma/degree conferral date	Field of study
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* **Social Security Number Disclosure.** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting disciplinary actions to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

PART 3—SCREENING QUESTIONS

1. Have you ever been notified by any state, territory, district, country, United States government agency, or state certification/licensing board of any complaint filed against you relative to the practice of psychotherapy? This includes, but is not limited to, any allegations currently pending. YES NO
 ► If **YES**, explain on a separate sheet and submit with application.
2. Has any disciplinary action ever been taken regarding any psychotherapy/drug and alcohol services certification/license which you now hold or have ever held? Include any disciplinary actions by the U.S. military, U.S. Public Health Service, or other U.S. federal governmental entity. (Disciplinary actions include, but are not limited to, suspension, revocation, probation, practice limitations, reprimand, letter of admonition, censure, and any allegations currently pending.) YES NO
 ► If **YES**, explain on a separate sheet including state or government agency, date, charge and disposition.
3. Have you ever been denied a certification/license or permission to practice psychotherapy, or permission to take an examination for licensure in any state, country, or U.S. federal jurisdiction? YES NO
 ► If **YES**, explain on a separate sheet including state or government agency, date, and reason for denial.
4. Have you ever voluntarily surrendered a certification/license to practice psychotherapy in any state? YES NO
 ► If **YES**, explain on a separate sheet.
5. Have you ever had staff privileges limited or reduced, denied, suspended or revoked, or have you resigned from a staff position in lieu of disciplinary action? YES NO
 ► If **YES**, provide a copy of your letter of resignation or disciplinary action and explain on a separate sheet including name of facility, address and zip code, date, reason for action.
6. Do you now have, or have you had in the past five years, any physical or mental disability that might affect your ability to practice psychotherapy? YES NO
 ► If **YES**, explain on a separate sheet. Give dates of onset, description of condition, description of treatment, name and address of health service provider, current status of condition. Please attach a letter from your current or most recent health care provider stating that you are able to practice with skill and safety to clients.
7. Are you now, or have you in the past five years been addicted to or abusive of, or been treated for addiction to or abuse, of any controlled substance, habit-forming drug, prescription medication, or alcohol? YES NO
 ► If **YES**, explain on a separate sheet of paper. If treated, give name, address and zip code of both facility and health service provider, dates of treatment, current status of condition, etc. Provide a written statement from the treatment center you attended documenting completion of therapy.
8. Have you ever received a deferred judgment or been convicted of or pled nolo contendere to a violation of any federal, state, or local law relating to the manufacture, distribution or dispensing of a controlled substance, or relating to drug abuse, including alcohol? YES NO
 ► If **YES**, explain on a separate sheet including date, court address and zip code, violation, penalty or disposition. Provide documentation from the court, which verifies completion of probation/parole requirements.
9. Have you ever received a deferred judgment or been convicted of or pled nolo contendere to any felony in any state, territory, district, the U.S., or foreign country? Include any conviction that has been set aside, dismissed, or pardoned under any provision of the law. YES NO
 ► If **YES**, explain on a separate sheet. Provide documentation from the court verifying completion of probation/parole requirements.
10. Have you ever entered into any malpractice settlement or had any malpractice judgment entered against you in a court of law? YES NO
 ► If **YES**, explain on a separate sheet.

ATTESTATION

I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the information contained in this application is true and correct to the best of my knowledge. In accordance with 18-8-501(2)(a)(I), C.R.S. false statements made herein are punishable by law and may constitute violation of the practice act.

Signature of Applicant

Date

A "SAMPLE" SUMMARY OF CURRENT PSYCHOTHERAPIES

1. Psychoanalysis
2. Adlerian Psychotherapy
3. Analytical Psychotherapy
4. Client-Centered Therapy
5. Rational-Emotive Therapy
6. Reality Therapy
7. Transactional Analysis
8. Encounter
9. Eclectic Psychotherapy
10. Hypnotherapy
11. Behavior Therapy
12. Gestalt Therapy
13. Neuro Linguistic Programming
14. Experiential Psychotherapy

Sources

Corsini, Raymond "CURRENT PSYCHOTHERAPIES"; Itasca, Illinois: F.E. Peacock Publishers, Inc., 1973
Herink, Richard "THE PSYCHOTHERAPY HANDBOOK"; New York: New American Library, Inc., 1980

Current Psychotherapies

1. **Psychoanalysis:** As a system of psychology derived from Sigmund Freud, Psychoanalysis stresses the importance of the unconscious and dynamic forces in psychic functioning. It is a form of therapy that uses "free association", in which the patient is encouraged to speak openly and freely, and relies on the analysis of transference and resistance. Psychoanalysis strives on making the unconscious more conscious.
2. **Adlerian Psychotherapy:** Also known as individual psychotherapy, Adlerian psychotherapists believe that an individual's self-image can be self-defeating and that those with "psychopathology" are discouraged rather than sick. Thus, the therapeutic approach is to encourage, to activate social interest, and to develop a new life style through relationship, analysis, and action methods.
3. **Analytical Psychotherapy:** Analytical psychotherapy attempts to create, using a symbolic approach, a dialectical relationship between consciousness and the unconscious. The therapist encourages and guides communication between the two systems via an imaginable process using "symbolic language", as in dreams, fantasies, etc. Increased awareness, and thus symptomatic relief, is brought about by the translation and interpretation of this "symbolic language."
4. **Client-Centered Therapy:** In Client-Centered therapy, the central hypothesis is that the growthful potential of any patient will tend to be released in a relationship in which the therapist communicates realness, caring, and a deeply sensitive, non-judgmental understanding. Thus, the therapist practices participative and empathic listening, while allowing the client to freely vent his/her feelings.
5. **Rational-Emotive Therapy (RET):** RET is based on the hypothesis that an individual's irrational beliefs result in erroneous and damaging self-appraisals. RET attempts to change these faulty beliefs by emphasizing cognitive restructuring, using the "ABC" theory of emotional disturbance and personality change. Albert Ellis states, "...when a highly charged emotional consequence (C) follows a significant activating (A) event, (A) may contribute to; but only partially causes (C). RET hypothesizes that the emotional consequences (C) are more likely caused by someone's belief system (B) about (A), rather than (A) alone". RET therapists utilize many cognitive, affective, and behavioral methods to reorient the patient's belief system.
6. **Reality Therapy:** Reality therapy consists of a series of theoretical principles. It is applicable to individuals with behavioral and emotional problems, as well as those experiencing identity crisis. Focusing on the present and behavior, the therapist guides individuals towards enabling them to see themselves accurately, to face reality, and to fulfill their own needs without harming themselves or others. The crux of this theory is personal responsibility for one's own behavior.

- 7. Transactional Analysis:** Transactional Analysis is an approach to interactional psychotherapy. This style focuses on gaining the greatest possible benefit from the group environment. The therapist's ultimate objective is to provide the client with a level awareness which enables the client to make new decisions regarding future behavior and the future course of their life.
- 8. Encounter Psychotherapy:** Encounter is a method of human relating based on openness and honesty, self-awareness, self-responsibility, awareness of the body, attention to feelings, and an emphasis on the here-and-now. As a therapeutic method, it usually occurs in a group setting. Encounter therapy focuses on removing blocks to better functioning. Encounter is also educational and recreational in that it attempts to create conditions leading to a more satisfying use of personal capacities.
- 9. Eclectic Psychotherapy:** Eclectic psychotherapy selects what is valid or useful from all available theories, methods, and practices. The eclectic approach rejects adherence to any one school or system, and instead utilizes what is most valid or relevant from the whole therapeutic spectrum. It is composed of contributions from many different sources, used according to whether they are valid, applicable, and indicated. The eclectic method thereby becomes a basic scientific approach to the problem of matching suitable clinical methods to the needs of specific cases.
- 10. Hypnotherapy:** Hypnotherapy is a mechanism that effectively lifts repression, uncovers memories, encourages abreaction's (the re-experiencing of a previous emotional event) and dreaming (in terms of affective experiencing), enhances both motivation and a working alliance, and is also effective in activating a rapid transference reaction. Hypnotherapy can also be defined as a deepening of a normal psychophysiological phenomenon through an intense focusing of attention upon a specific inner or outer stimulus.
- 11. Behavior Therapy:** Behavior is composed of cognitive, motor, and most importantly, emotional responses. Behavior is seen as responses to stimulation, internal and external, therefore the goal of therapy is to modify unadaptive stimulus-response (S-R) connections. Behavior therapy methods, insofar as possible, parallel those of experimental psychology. Behavior therapy includes systematic desensitization, assertiveness training, and aversion techniques, as well as several others.
- 12. Gestalt Therapy:**

Gestalt therapy consists of bringing discordant elements into a mutual, self-disclosing confrontation. This approach is ahistoric, focuses attention on immediate behavior, and calls for the personal participation of the therapist. Individuals often feel fragmented, with at least some perceptions, feelings, behaviors, or thoughts that are puzzling, unrelated, or troubling because they are not integrated with the whole. The task of therapy is to discover the relatedness of these alienated aspects through awareness.
- 13. Neuro-Linguistic Programming (NLP):** NLP is a detailed operational model of the processes involved in human behavior and communication. Although it is not itself a psychotherapy, NLP's principles can be used to understand, and make changes in, any realm of human experience and activity. NLP, however, has been applied to therapeutic concerns, and the result is a powerful, rapid, and subtle technology for making extensive and lasting changes in human behavior and capacities. NLP deals with modifying and redesigning thinking patterns to give the patient more flexibility and new capacities and abilities.
- 14. Experiential Psychotherapy:** Experiential psychotherapy works with immediate concreteness. Linked to existential psychotherapy, which holds that one makes and changes oneself in present living, experiential psychotherapy and "focusing" gets into direct touch with the concrete level, where troubles are said to actually exist. Therapists try to establish a "felt sense" within their patients in order to create a more holistic sense of a problem or unresolved situation.

MANDATORY DISCLOSURE CHECKLIST

All items on this checklist must be included on the mandatory disclosure form provided to your patients.

- _____ Your name, business address, and business phone number.
- _____ A listing of your degrees, credentials, certifications, and licenses.
- _____ A statement indicating that the practice of licensed, certified, and unlicensed persons and certified school psychologists in the field of psychotherapy is regulated by the Colorado Department of Regulatory Agencies, including the address and phone number:

Department of Regulatory Agencies
Division of Registrations
Mental Health Section
1560 Broadway, Suite 1350
Denver, CO 80202
(303) 894-7800

- _____ A statement that the client is entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known, and the fee structure.
- _____ A statement that the client may seek a second opinion from another therapist or may terminate therapy at any time.
- _____ A statement that in a professional relationship, sexual intimacy is never appropriate and should be immediately reported to the Department of Regulatory Agencies, Division of Registrations, Mental Health Section.
- _____ The information provided by the client during therapy session is legally confidential in the case of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed or certified addiction counselors, and unlicensed psychotherapists, except as provided in Section 12-43-218 and for certain legal exceptions that will be identified by the therapist should any such situation arise during therapy.
- _____ A space on the form for the patient's and therapist's signature, and date of signature.

MODEL

DISCLOSURE STATEMENT
(Individual)

1. Name
Business address
Business telephone number
2. My degrees are (list university or college, year, type of degree awarded, and field or subject matter of degree.)

A listing of your degrees, credentials, certifications, and licenses.

I am licensed in (list all states in which licensed, type of license(s) held, date licensed.)

3. The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, licensed or certified addiction counselors, and unlicensed individuals who practice psychotherapy.

The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7766.

4. Client Rights and Important Information:

a. You are entitled 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.

b. You can seek a second opinion from another therapist or terminate therapy at any time.

c. In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section.

d. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.

Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist 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.

There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S. There are exceptions that I will identify to you as the situations arise during therapy.

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

I have read the preceding information and understand my rights as a client/ patient.

Client/Patient Signature

Date

Therapist

Date

NOTE: In RESIDENTIAL, INSTITUTIONAL, or other settings where psychotherapy may be provided by multiple providers, the primary therapist makes the above disclosure. The INSTITUTION must also provide a disclosure. (See C.R.S. 12-43-214(3))