

Your rights as a Client/Disclosure Statement

The Colorado State Department of Regulatory Agencies regulates the practice of both licensed and unlicensed persons in the field of psychotherapy. The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, certified school psychologists, and unlicensed individuals who practice psychotherapy. The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the State Grievance Board, 1560 Broadway, Suite #1340, Denver, CO 80202, (303) 894-7766.

Information that you provide in counseling will not be released without your prior knowledge and written consent except under the following circumstances: Threat of imminent physical violence or of suicidal intent as well as suspicion of child/elder abuse or neglect.

Upon request, you are entitled to information about the methods of counseling, the techniques used, the duration of counseling, information regarding educational degrees, clinical training and experience, licenses and credentials of your counselor. When requested in writing, a treatment summary can be provided at your expense. You may terminate counseling at any time. In a professional counseling relationship, sexual intimacy is never appropriate and should be reported to your Regulatory Agency.

It is the policy of Paul Slaughter, LMFT not to participate in clients' legal actions such as custody suits, divorce proceedings, personal injury suits, etc. If you are considering or are involved in such actions, a referral to a mental health professional that is experienced in legal matters can be arranged. It is also my policy to not provide LOA (leave of absence) recommendations. If you are requiring FMLA recommendations you should contact your Family Physician.

I understand that my participation in counseling is voluntary and that all my records are protected by confidentiality regulations. I have read this form and understand my rights and responsibilities as a client.

Client's Signature

Date