

DISCLOSURE STATEMENT

Except in emergency situations, it is mandatory for therapists to provide the following information in writing to each client or client guardian during the initial client contact.

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Degrees and Credentials

Degree: Masters of Science in Psychology, Marriage and Family Therapy Program
California Polytechnic State University, 2006
License: Licensed Professional Counselor, Colorado #LPC-2601

12.43.214 (1) (c) CRS: The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Department of Regulatory Agencies. Questions or complaints may be addressed to:

**Department of Regulatory Agencies
Mental Health Occupations Grievance Board
1560 Broadway, Suite 1340
Denver, CO 80202
(303) 894-7766**

12.43.214 (1) (d) CRS: A client is entitled to receive information about the methods of therapy, the techniques used, the duration of therapy (if known) and the fee structure. A client may seek a second opinion from another therapist and may terminate therapy at any time. In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy ever occurs in a therapeutic relationship, it should be reported to the grievance board.

12.43.214 (1) (d) CRS: CONFIDENTIALITY – The information provided by a client during therapy session is legally confidential in the case of licensed professional counselors, except as provided in section **12.43.218 CRS** and except for certain legal exceptions which will be identified by the licensee should any such situation arise during therapy. There are exceptions to the general rule of legal confidentiality. These exceptions are listed in **the Colorado statutes (12-43-218 CRS)**. The client should be aware that provisions concerning disclosure of confidential communications shall apply to any delinquency or criminal proceeding, except as provided in **section 13-90-107 CRS**. Other exceptions include threat of serious harm or known harm to self or other(s) including any belief or knowledge of child abuse or neglect.

If you would like additional information, please feel free to ask.

I have been informed of my therapist’s degrees, credentials, and licenses. I have also read the information above and understand my rights as a client

Client/Guardian Signature Date

Client/Guardian Signature Date

Therapist Signature Date