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 statues (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.

According to CRS. § 13-14.5-103 a licensed health care professional or mental health professional (as defined in CRS. § 13-14.5-102) may file a petition for a temporary extreme risk protection order. Pursuant to article 14.5, an extreme risk protection order may warrant the surrender of firearm(s) when there is a significant risk of causing personal injury to self or others by having custody or control of a firearm(s). In this process the licensed health care professional or mental health professional shall make reasonable efforts to limit protected health information to the minimum necessary to accomplish the filing of the petition. The decision of a licensed health care professional or mental health professional to disclose protected health information, when made reasonably and in good faith to comply with this article, shall not be the basis for any civil, administrative, or criminal liability with respect to the licensed health care professional or licensed mental health professional.

I	, have read and understand this statute.

If you would like additional information, please feel free I have been informed of my therapist's degrees, credenti understand my rights as a client	e to ask. als, and licenses. I have also read the information above and
Client/Guardian Signature	Date
Client/Guardian Signature	Date
Therapist Signature	 Date