

## Chipita Counseling Services, LLC

### DISCLOSURE STATEMENT

This statement is being provided to you so that you are aware of your rights as a psychotherapy client. Please read this and discuss any questions or concerns you have before signing it.

My name, address, and phone number: MaryAnn Longwell, LCSW, 1548 G. St., 2A, Salida, CO 81201, (719) 329-4810. I earned a Master of Social Work degree from the University of Denver in 2006. I have also been trained and Certified as an EMDR Therapist, indicating further supervision. I am a Licensed Clinical Social Worker, and my license number is 1159.

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, license school psychologists practicing outside the school setting, and unlicensed individuals who practice psychotherapy. All questions and/or complaints should be addressed to: Department of Regulatory Agencies, Mental Health Section, State Board of Social Work Examiners, 1560 Broadway, Suite 1350, Denver, Colorado 80202, Phone: (303) 894-7800; Fax: 303-894-7764; Email: [dora\\_mentalhealthboard@state.co.us](mailto:dora_mentalhealthboard@state.co.us).

#### Client rights and important information:

- As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a master's 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, and complete required training hours and 1,000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III 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.
- Generally speaking, the information provided by and to you as the client during the therapy sessions is legally confidential. Since the information is legally confidential, I cannot be forced to disclose any of your information without your consent. Information disclosed to me is a 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 C.R.S. § 13-90-107. Confidentiality may also be waived in the event of physical abuse and/or neglect of a child, including any past or present sexual contact with a minor. All therapists are required by law to report such instances to the Department of Social Services. Additionally, in the event of imminent danger to yourself or another person, I am required by law, to protect you, which may result in you being hospitalized, and I have a duty to warn anyone who may be in imminent danger as a result of your threats or frame of mind.

- 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.
- 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. The Board that licenses Licensed Clinical Social Workers is the State Board of Social Work Examiners, 1560 Broadway, Suite 1350, Denver, Colorado 80202, Phone: (303) 894-7800 or email: [dora\\_mentalhealthboard@state.co.us](mailto:dora_mentalhealthboard@state.co.us).
- You can seek a second opinion from another therapist or terminate therapy at any time.

**CANCELLATIONS:** Please call me at 719-329-4810 if you need to cancel your session, preferably 24 hours in advance, or as soon as possible! If there are consistent no-show appointments we will need to discuss your commitment to therapy at this time.

**RECORDS:** The laws and standards of my profession require that I keep treatment records for 7 years after the date of last treatment. Upon executing an appropriate authorization for release, you may receive a copy of your records, have them forwarded to another provider, or I can prepare a summary for you instead. Because these are professional records I recommend that you review them in my presence so that we may discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

**PRIVACY RIGHTS and HIPAA:** I am offering you a copy of the four page document entitled “Notice of Privacy Rights,” detailing how your protected health information is treated by Chipita Counseling Services, LLC. You may take or leave the copy, as you choose. Your signature indicates that this copy has been offered to you.

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

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

\_\_\_\_\_  
Client/Patient Signature    Date

\_\_\_\_\_  
Parent/Guardian Signature    Date

\_\_\_\_\_  
MaryAnn Longwell, LCSW    Date