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EMDRIA Certified EMDR Therapist

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Disclosure Statement

Practice Regulation: The Mental Health Licensing Section of the Division of Registrations regulates the practice of licensed or registered persons in the field of psychotherapy and requires that clients be apprised of the information provided herein. While the Board of Social Work Examiners further regulates the practice of social work, any questions, concerns, or complaints regarding the practice of mental health may be directed to:

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

As to the regulatory requirements applicable to mental health professionals:

- * Registered psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.
- * Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- * Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.
- * Certified Addiction Counselor III (CAC III) must have a bachelors degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.
- * Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements.
- * Licensed Social Worker must hold a masters degree in social work.
- * 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.
- * Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters 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.

Education and Training: I am a Licensed Clinical Social Worker (LCSW) and a Licensed Addiction Counselor (LAC) designation, holding a Masters of Social Work (MSW) conferred to me by Smith College School for Social Work. As well, I am an Approved Clinical Supervisor (ACS), a Certified Group Psychotherapist (CGP) and EMDRIA Certified Eye Movement and Desensitization and Reprocessing (EMDR) Therapist.

Client Rights: At your request, you are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy as knowable by me, and my fee structure. You are also entitled to seek an alternative opinion from another therapist or terminate therapy at any time.

Sexual Intimacy: In a professional relationship such as ours, sexual intimacy is never appropriate. If such intimacy were to occur it should be reported to the Department of Regulatory Agencies, Mental Health Section.

Confidentiality: Generally speaking, information shared between the client and therapist during therapy sessions is legally confidential and cannot be released without the client's consent. However, there are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes, as well as other exceptions in Colorado and Federal law. For example:

1. I am required to report information regarding suspected child and elder abuse to authorities;
2. I am required to report information regarding a client's intent to self-harm to authorities.
3. I am required to report a client's intent to harm a specific person or persons, including those associated with a specific location or entity, to authorities as well as to notify the person or persons in danger of harm or a responsible party of the location or entity threatened.
5. I may be obligated to testify in the event that I am subpoenaed by a court of law.

If a legal exception arises during therapy, if feasible, you will be informed accordingly. For your information, The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: "<http://www.dora.state.co.us/mental-health/Statute.pdf>"<http://www.dora.state.co.us/mental-health/Statute.pdf>.

Cancellation Policy: In most cases, 24-hour notice is required for cancellation without charge. In some instances, including group therapy, payment is required regardless of attendance and the cancellation policy does not apply.

Payment & Fees: Fees are determined by the service provided and are fully disclosed. Services such as phone, email, and text exchanges for purposes other than scheduling outside of the therapy session, are billed at a pro-rated rate of \$85 per quarter-hour. Payment is required at time of service unless other mutually agreeable arrangements have been made.

Insurance: I will file paperwork required from me by your insurance company.

Release of Information: Should I request, releases for exchange of information are required for any and all mental health or medical providers.

Emergency Availability: Though I will return appropriate communication within a timely period and will notify you of extended periods of absence as well as provide contact information for a back-up therapist, I am not available for emergencies. Please call 911 or visit your local emergency room should you find yourself in need of immediate services. Please notify me once the appropriate actions have been taken on your behalf.

✪ I welcome any questions or comments you may have regarding this disclosure, your therapy, or my therapeutic approach.

I have read the preceding information, and I understand my rights as a client or as the client's responsible party and agree to the terms herein.

Client's Printed Name

Client's or Responsible Party's Signature

Date

If signed by Responsible Party, please state relationship to client as authority to consent.