

SOUTHEAST FAMILY COUNSELING

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WE WANT YOU TO BE INFORMED/DISCLOSURE STATEMENT

Robert is a Licensed Clinical Social Worker and has a Master's Degree in Social Work and a Certificate in Marriage and Family Therapy from the University of Denver. Sharon is a Registered Psychotherapist, with a Master's Degree in Psychological Counseling; 40+ hours of training in Substance Abuse and 40 hours of training as a Child and Family Investigator. Both have many years experience working in substance abuse programs, hospital settings, outpatient therapy programs and private practice with adults, couples, families, adolescents and children.

The practice of licensed and registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The Board of Examiners for licensed clinical social workers and registered psychotherapists can be reached at 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 Addictions Counselor II (CAC II)** must complete additional required training hr and 2,000 hours of supervised experience.
- **Certified Addictions Counselor III (CAC III)** must have a bachelor's degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experienced.
- **Licensed Addiction Counselor** must have a clinical master's degree and meet the CAC III requirements.
- **Licensed Social Worker** must hold a master's 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 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.

As a client you are entitled to receive information about the methods of therapy; the techniques used; the duration of therapy (if known); and the fee structure. The duration of therapy is hard to predict. You should also be made aware of payment policies. You are encouraged to discuss your progress in treatment and may terminate therapy at any time. You may seek a second opinion from another therapist if you wish to do so.

Generally speaking, the information provided to and by a client during therapy is legally confidential except as required by law. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent. There are exceptions which can be discussed and will be identified should any such situation arise during therapy. Exceptions to confidentiality include "threat of serious harm to self or others," as in the case of child abuse, suicide or grave disability and can be found in section 12-43-218 of the Colorado Revised Statutes and the HIPPA Notice of Privacy Rights you were provided. You should also be aware that, except in the case of information given to a licensed clinician, legal confidentiality does not apply in a criminal or delinquency proceeding. The Mental Health Practice Act (CRS 12-43-101, et seq) is available at: <http://www.dora.colorado.gov/professions/registeredpsycholtherapists>.

In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers or certifies the licensee, registrant or certificate holder.

I have read the preceding information, it has been provided verbally, and I understand my rights as a client or as the client's responsible party

Client Signature (Parent or guardian for a minor)

Date

Print Client's Name

Responsible Party's relationship to Client