

# Informed Consent and Disclosure Statement

*Susan Caso, MA, LPC  
Boulder Family Counseling, PLLC  
4410 Arapahoe Avenue  
Suite 110  
Boulder, Colorado 80303*

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**Degrees** University of Colorado, Denver, Colorado  
Masters of Arts, Counseling Psychology and Counselor Education

University of Kansas, Lawrence Kansas  
Bachelor of General Studies, Psychology  
Bachelor of General Studies, Human Development

**Licensure** Licensed Professional Counselor #4738

The Colorado Department of Regulatory Agencies that takes responsibility for Licensed and Unlicensed psychotherapists is the State Grievance Board. Their address is 1560 Broadway, Suite 1340, Denver, CO 80202, 303-894-7766.

## **CLIENT RIGHTS AND INFORMATION**

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Licensed Counselors Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

As to the regulator requirements applicable to mental health professionals:

- A 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. [SEP]

- A Certified Addiction Counselor I (CAC I) must be a high school graduate or equivalent, complete required training hours and 1,000 hours of supervised experience. [SEP] A Certified Addiction Counselor II (CAC II) must be a high school graduate or equivalent, complete the CAC I requirements, and obtain additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam. [SEP] A Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete CAC II requirements, and complete additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam. [SEP] A Licensed Addiction Counselor must have a clinical master's degree, meet the CAC III requirements, and pass a national exam. [SEP]

- A Licensed Social Worker must hold a master's degree from a graduate school of social work and pass an examination in social work. [SEP] A Licensed Clinical Social Worker must hold a master's or doctorate degree from a graduate school of social work, practiced as a social worker for at least two years, and pass an examination in social work. [SEP]

- 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. [L] [SEP]
- A Licensed Marriage and Family Therapist must hold a master's or doctoral degree in marriage and family counseling, have at least two years post-master's or one year post-doctoral practice, and pass an exam in marriage and family therapy. [L] [SEP]
- A Licensed Professional Counselor must hold a master's or doctoral degree in professional counseling, have at least two years post-master's or one year postdoctoral practice, and pass an exam in in professional counseling. [L] [SEP]
- A Licensed Psychologist must hold a doctorate degree in psychology, have one year of post-doctoral supervision, and pass an examination in psychology. [L] [SEP]

You are entitled to receive information about my methods of therapy and techniques used, duration of therapy (if I can determine it), and my fee structure. You can seek a second opinion from another therapist or terminate therapy at any time.

In a professional relationship (such as ours) sexual intimacy is never appropriate. If this occurs with any therapist you are in therapy with, please report it immediately to the State Grievance Board.

**Confidentiality**

Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a Licensed Professional Counselor. If the information is legally confidential, the therapist cannot be forced to disclose without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12- 245-220 as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report child abuse to authorities. If legal exceptions arise during therapy, you will be informed accordingly if feasible

There are exceptions to the general rule of confidentiality. They are all safety related. If a client were suicidal, homicidal, or abusing a child or elderly person, the therapist would be required to report to the family, police, or social services in the county involved.

**Phone Calls and Emergencies**

I do check my messages regularly and will return your call as promptly as possible, but it may take 24 hours to get back with you. I will notify you ahead of time when I will be on vacations and holidays. I will not be returning calls within 24 hours during vacations and holidays. I do not provide 24 hours assistance and do not have an answering service. If you need emergency assistance, please call the Boulder County Crisis line at 303-447-1665, call 911, or go to your nearest emergency room.

**Cancellation Policy**

Since my time has been scheduled specifically for you, there will be a full session fee charged for cancellations that are in less than 24 hours advance notice.

\_\_\_\_\_Initial

**Office**

I am an independent practitioner. Although I share office and suite space with other practitioners, we are not in a partnership together. We are not practicing in association with one another and we do not supervise each other's work.

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**Consent for Treatment of Minor(s)**

I/We, parent/guardian of \_\_\_\_\_,  
give my/our permission to Susan Caso, MA, LPC to provide psychotherapy services to the above child/children. I authorize that I have legal custody needed to consent for the above child/children to participate in treatment.

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**I have read the preceding information and understand my rights as a client or as the client's responsible party.**

Print Client Name \_\_\_\_\_

Print Client Name \_\_\_\_\_

Client or Responsible Party Signature \_\_\_\_\_

Date \_\_\_\_\_

Client or Responsible Party Signature \_\_\_\_\_

Date \_\_\_\_\_