



MANDATORY DISCLOSURE FORM INFORMED CONSENT

GENERAL INFORMATION:

As a counseling client, you are entitled to know your rights.

- You are entitled to receive information about your therapist's counseling methods and techniques, the length of counseling, and the cost. Please ask if you have questions. You are also entitled to seek a second opinion at any time.
- You may request information concerning your therapist's training, educational degrees, licenses, and credentials.
- You may end counseling at any time, although a closing session is recommended.
- Counseling sessions may be recorded for supervision, collaborative or educational purposes.
- You should know that sexual intimacy between a counselor and client is never appropriate and should be reported to the Grievance Board.
- The practice of counselors is regulated by the Colorado State Department of Regulatory Agencies. Any questions or complaints may be addressed to:

**Colorado State Department of Regulatory Agencies
Mental Health Occupations Grievance Board
560 Broadway, Suite 1350, Denver, CO 80202**

CONFIDENTIALITY:

The information you provide during counseling is confidential except as provided in the Mental Health Statute (C.R.B. 12-43-218) such as:

- If your counselor has reasonable cause to suspect that a child or elder has been abused or neglected.
- If you or your child appears to be at serious risk for hurting yourself or another.
- If you are involved in a criminal proceeding (i.e. charged with a crime) and it is required by law.
- When you or your representative files a lawsuit or grievance against your counselor.

By signing this form I acknowledge that I have read the above information and understand my rights as a client and that I have asked any questions I have about this form:

Client Printed Name

Client Signature

Date