

DISCLOSURE STATEMENT

YOUR RIGHTS AS A COUNSELING CLIENT IN COLORADO:

As a counseling client in the state of Colorado these are your rights and privileges:

- You have the right to receive information about my counseling methods, techniques, fee structure, the length of counseling, time of each session and estimated number of counseling sessions that will meet your goals.
- You have the right to seek the opinion of another therapist and/or end counseling sessions at any time. A closing session is recommended.
- Sexual intimacy between you and the counselor is strictly prohibited and should be reported to the board that licenses the counselor.
- Information concerning your counselor's training, education, credentials and licensure may be requested by you at any time.
- Any questions or complaints can be addressed to Will Etheridge owner of Etheridge Counseling.
- The practice of licensed or register persons in the field of psychotherapy is regulated by the Mental Health Section of the Division of Registrations. The Board of Psychotherapy Examiners 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.
- Will Etheridge has a **Masters Degree** in Somatic Psychotherapy: Body Psychotherapy Concentration from Naropa University.

CONFIDENTIALITY

The information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality:

- If your counselor has reasonable cause to suspect that a child or elder has been abused or neglected
- If your counselor has reasonable cause to suspect that you are at serious risk for hurting yourself or another.
- If you are involved in a criminal proceeding.

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

CLIENT SIGNATURE _____ DATE _____

CLIENT SIGNATURE _____ DATE _____