

The Center for Learning and Psychological Services



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Mandatory Disclosure Statement for Holly Brown, PhD

My academic degrees include a PhD from the University of Denver, a CAGS from North Eastern University in Boston, M.A. in School Psychology and a Masters from Westchester University in PA in Clinical Psychology. I am licensed as a Psychologist in the state of Colorado since 2010 and in Rhode Island since 2004.

In order to comply with § 12-245-216(1)(b)(I), C.R.S I must inform you about the following professions:

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.

- 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.

- 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.

- 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.

- A Licensed Addiction Counselor must have a clinical master's degree, meet the CAC III requirements, and pass a national exam.

- A Licensed Social Worker must hold a master's degree from a graduate school of social work and pass an examination in social work.

- 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.

- 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.

- 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.

- 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.

- A Licensed Psychologist must hold a doctorate degree in psychology, have one year of post-doctoral supervision, and pass an examination in psychology.

The practice of licensed and unlicensed persons in the field of psychology, is regulated by the Department of Regulatory Agencies. Questions or complaints should be addressed to: State Grievance Board, Department of Regulatory Agencies, 1560 Broadway, Suite 1340, Denver, CO 80202. Their phone number is (303) 894-7800. In a professional relationship such as ours, sexual intimacy between a therapist and patient is never appropriate. If sexual intimacy occurs, it should be reported to the State Grievance Board.

You are entitled to receive information about my methods of therapy, the techniques used, the duration of therapy (if known), and the fee structure. You may seek a second opinion from another therapist at any time.

Generally speaking, the information provided by a patient during psychotherapy sessions is legally confidential if the therapist is a licensed psychologist. If the information is legally confidential, the therapist can not be forced to disclose the information without the patient's consent.

There are certain exceptions to the general rule of legal confidentiality, including: if a patient appears to be a danger to self or others; or when treatment is provided pursuant to criminal or delinquency proceedings. Additionally, in the event of actual or suspected child abuse or neglect, I am required by law to report this to the Department of Social Services.

No information about you will be released to a third party without your written permission.

As a sole provider in independent practice, I am unable to provide extensive or frequent emergency care. If you believe that you will need frequent emergency attention between scheduled sessions, please discuss this with me immediately so that I can refer you to a provider who can better serve your needs.

If you have questions or would like additional information, please feel free to ask.

I have read the preceding information and understand my rights as a patient.

Print CLIENT name

Print Parent/Guardian Name

Signature

Date