

COLORADO MANDATORY DISCLOSURE STATEMENT

DOROTHY R. SANCHEZ LICENSURE AND EDUCATION

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Master's degree in Social Agency Counseling from the University of Dayton, Dayton, Ohio, 1995.

The practice of licensed psychologists, licensed clinical social workers, licensed professional counselors and licensed marriage and family therapists is regulated by the Division of Professions and Occupations at the Colorado Department of Regulatory Agencies. The address by which this regulatory body can be reached is: 1560 Broadway, Suite #1350, Denver, CO 80202. The phone number is (303) 894-7800 and their website is <http://www.dora.state.co.us/>

Please be aware that I am not a psychiatrist or medical physician. Therefore, I cannot prescribe medication, give medical advice, nor perform any medical procedures. If I determine that medical treatment is indicated, I can recommend a physician for you or I can consult with any physician you may see, after you sign an Authorization of Release of Information (ROI) form, which is a document intended to protect your confidentiality.

- a) You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of therapy (if it is possible to determine), and my fee structure. Please ask at any time if you would like to receive this information.
- b) You can seek a second opinion from another therapist or terminate therapy at any time. c) In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section.
- d) Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.

Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates.

There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or

criminal proceedings, except as provided in section 13-90-107 C.R.S. Matters regarding your psychotherapy will be kept confidential except in the following circumstances: 1) You sign a release of information giving permission to release information to a specific individual or agency; 2) Intent to harm self or others; 3) Abuse, neglect, or suspected abuse or neglect of children, elderly, or others unable to care for themselves. There are other exceptions that I will identify to you as the situations arise during therapy.

Any information shared during a session is kept confidential. From time to time, I also consult with colleagues, but in these circumstances, clients are not identified by name. Your signature below constitutes your permission for such consultations.

I have received a copy of this disclosure form and have read and understand the preceding information regarding client rights and policies. I agree to the policies outlined above.

Client Signature

Date

Therapist's Signature

Date