



Gary M. Unruh MSW, LCSW  
Child and Adolescent Clinic PC  
7680 Goddard Street, Suite 205  
Colorado Springs, CO 80920

It is my practice to provide the following information during our initial meeting.

My credentials are as follows:

Master of Social Work Degree: University of Nebraska, Lincoln, Nebraska  
Bachelor of Arts Degree: Bethel College, Newton Kansas  
Licensed Clinical Social Worker: State of Colorado

The practice of psychotherapy is regulated by the Department of Regulatory Agencies. If you have a grievance against any psychotherapist, the address for the Grievance Board is 1560 Broadway, Suite 1370, Denver, Colorado 80202. The telephone number is (303)894-7766

It should go without saying, however, Colorado law requires me to inform you that in our professional relationship, physical intimacy is never appropriate and should be reported to the Grievance Board.

I will be happy to provide you with information about my methods of therapy, the techniques I use and the duration of therapy, if I can determine this at our first meeting. I will also provide you with information regarding my fee structure. If you have any questions about these or any other matters, please let me know. In addition to the above, you may seek a second opinion from another therapist and, of course, may terminate therapy at any time.

Finally, the information you give during therapy sessions is legally confidential except in child abuse, endangerment, and certain criminal matters. There are also other certain legal exceptions provided in Colorado Revised Statutes 12-43-218, which will be identified should any such situations arise during therapy.

There are two copies of this form. Please sign both and retain one copy for your records. The other copy will remain in your file that I maintain at this office.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

