

Mandatory Disclosure Form for Kedisha Dixon, MSW, RP

PO BOX 25205, Colorado Springs, CO 80936

Revised 2/2020

License: Registered Psychotherapist NLC: 0108515

Degrees: Master of Social Work

REGULATION OF PSYCHOTHERAPISTS:

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The regulatory boards can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. The regulatory requirements for mental health professionals provide that a Licensed Clinical Social Worker, a Licensed Marriage and Family therapist and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a master's degree 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 Certified Addictions Counselor I (CAC I) must be a high school graduate and complete required training hours and 1,000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements. A Registered Psychotherapist is 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 registration from the state.

CLIENT RIGHTS AND IMPORTANT INFORMATION:

- a. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. Please ask 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, information provided by and to a client in a professional relationship with a psychotherapist is legally confidential and the therapist cannot disclose the information without the client's consent. There are several exceptions to confidentiality which include: (1) I am required to report any suspected incident of child abuse or neglect to law enforcement; (2) I am required to report any threat of imminent physical harm by a client to law enforcement and to the person(s) threatened; (3) I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or to others, or who is gravely disabled as a result of a mental disorder; (4) I am required to report any suspected threat to national security to federal officials; and (5) I may be required by Court Order to disclose treatment information; and (6) I am required to report any suspected incident of elder abuse or neglect to law enforcement.
- e. Under Colorado law, C.R.S.§14-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, in compliance with Colorado law and HIPPA Standards.

Please be advised that I cannot assure that confidentiality is maintained through text, email and cell phone communication; and that should only be used to arrange appointments.

I have read the preceding information and it has been presented to me verbally. I understand the disclosures that have been made to me. I acknowledge that I have received a copy of this Disclosure Statement.

Print Client's Name

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Client Signature or Responsible Party

Date

Print Client's Name

Client Signature or Responsible Party

Date

Therapist Signature

Date

I have also received a copy and agree to read it and abide by the provisions therein of 2019 Notice of Privacy Practices. I will bring attention to this therapist of any provisions that are problematic for me by the 3rd session.

Client Signature or Responsible Party

Date

Client Signature or Responsible Party

Date