

**Barbara Murray LCSW LLC**  
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**Mandatory Disclosure of Information to Clients**  
(12-43-214, C.R.S)

**Professional Staff:**

Barbara Murray LCSW (License #929)

MSW University of Nebraska at Omaha, 2005  
BA University of Minnesota, 2002  
AA Century College, 2000  
AS Utah Valley State College, 1997

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**The Colorado Department of Regulatory Agencies** has the general responsibility of regulating the practice of psychotherapy. The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the Mental Health Licensing Section of the Division of Registrations. **The Board of Social Work 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: A Licensed Clinical Social Worker must hold a master's degree in their profession and have two years of post-masters supervision.

**Client Rights and Important Information:**

- A. You are entitled to receive any information regarding my methods of therapy, the techniques used, the duration of your therapy, if known, and my fee structure. You may seek a second opinion from another therapist or terminate therapy at any time.
- B. In a therapist/client relationship, sexual intimacy between a therapist and client is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder at the phone and address listed above.
- C. Generally speaking, 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, some of which are listed in Section 12-43-218, C.R.S. (Colorado Revised Statutes) and the Notice of Privacy Rights you were provided as well as other exceptions in Colorado and Federal law. Examples would be the mandatory reporting of child or elder abuse, or where there may be harm to the client or others. If a legal exception arises during therapy, if feasible, you will be informed accordingly. Information can always be provided to those who are appropriately designated and identified and an appropriate release is signed.

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

I/We have read the preceding information, it has also been provided verbally, and I/We understand my/our rights as a client (s).

_____	_____	_____
Client Signature	Printed name	Date
_____	_____	_____
Client Signature	Printed name	Date
_____	_____	_____
Responsible Party's Signature	Relationship to client	Date