**Clinical Services & Provider Disclosure**

Welcome to **Medical Psychology Associates**, we are pleased to have the opportunity to work with you! While this is a lengthy document, it is required by law and we recommended that you read through it entirely. If you have any questions or concerns, please feel free to discuss them with Dr. Wylie at any time.

**Provider Disclosure Statement**

**Licensed Psychologist**

Name: **Scott D Wylie, Psy.D., MSCP**

License #: **2962**

Telephone #: **(888) 666-0974**

Fax #: **(970) 223-4433**

**Physical and Mailing Address:**

113 Coronado Court Suite 202

Ft. Collins, Colorado 80525

Degree: **Doctor of Psychology (Psy.D.),** Clinical Psychology – Southern California University (1999)

A Doctor of Philosophy (PhD) or Doctor of Psychology (PsyD) requires completion of a five-year graduate program during which doctoral candidates complete relevant coursework, a doctoral dissertation, supervised clinical work, and oral and written comprehensive examinations. Prior to graduation, candidates must complete a 2000-hour internship/residency to fulfill degree requirements. After receiving the doctoral degree, individuals must complete an additional 2000 hours of supervised clinical work before being allowed to take the licensure examination. Successful passing of the licensure examination indicates that an individual fulfilled both practical and academic requirements to become a Licensed Psychologist.

Degree: **Post-Doctoral Master of Science (MSCP),** Clinical Psychopharmacology- Alliant University (2008)

The Post-Doctoral Master-of-Science Degree in Clinical Psychopharmacology prerequisites are completion of an approved doctoral degree (Ph.D., Psy.D.) in Clinical Psychology and a current licensure to practice independently as a psychologist. The degree requires 2.5 years of fulltime coursework including Clinical Medicine/Pathophysiology, Anatomy & Physiology, Neuroanatomy & Neuropathology, Physical & Neuropsychiatric Assessment, Biochemistry, Neurochemistry, Pharmacology & Neuropsychopharmacology, Clinical Pharmacotherapy, Medical & Psychiatric Laboratory Analysis and Psychiatric Prescribing for Special Populations. This degree was designed and currently utilized for training Prescribing Psychologists and continues to be the training model used in states allowing properly trained psychologists to prescribe medications.

The practice of licensed or registered persons in the field of psychology/psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. **The Board of Psychology** can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, **(303) 894-7800**.

**Levels of Regulation Applicable to Mental/Behavioral Health Professionals**

* *A* ***Licensed Psychologist*** must hold a doctorate degree (Ph.D., Psy.D.) in psychology, complete 2-years of supervised clinical training including a 1-year post-doctoral residency training program and pass both national and state examinations in psychology.
* A *Licensed Clinical Social Worker (LCSW)*, a *Licensed Marriage and Family Therapist (MFT),* and a *Licensed Professional Counselor (LPC)* must hold a master’s degree in their profession and have two years of post-master’s supervision. and pass an examination in social work
* *A Licensed Social Worker* must hold a masters degree in social work, 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 Certified Addiction Counselor I (CAC I)* must be a high school graduate, and complete required training hours and 1000 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 bachelors degree in a behavioral health field, and complete additional required training hours and 2,000 hours of supervised experience. and pass a national exam.
* A *Licensed Addiction Counselor* must have a clinical masters degree and meet the CAC III requirements, and pass a national exam.
* A *Registered Psychotherapist* is registered with the State Board of Registered Psychotherapists, is not licensed or certiﬁed, and no degree, training or experience is required.

***Your Rights***

* You are entitled to receive information from your clinician about the methods of therapy/assessment, the techniques used, the duration if known, and the fee structure. You can seek a second opinion from another clinician or terminate therapy/services at any time. A patient/client is entitled to information, upon request, concerning any clinician who is providing psychological/psychotherapy services to them. Such information includes: the providers name, educational degrees, licenses and credentials.
* In a professional relationship, ***sexual intimacy is never appropriate*** and should be reported to the appropriate board that licenses, registers, or certiﬁes the licensee, registrant or certificate holder.

**Privileged Communication & Confidentiality**

Generally speaking, the information provided by and to the patient/client during treatment or assessment sessions is legally conﬁdential and cannot be released without your consent. There are exceptions to this, some of which are listed in section **12-43-218 of the Colorado Revised Statutes*,*** and the Notification of Privacy Rights and Facility Disclosure you were provided, as well as other exceptions in both Colorado State and Federal law. For example, mental health professionals are ***required*** to report suspected child abuse to authorities. If a legal exception to your confidentiality arises during your treatment/assessment, if feasible, you will be informed accordingly.

**Please keep this important document in your records in case you need it in the future**

***I have read the attached information and understand my rights as a patient/client or as the patient/client’s legal representative.***

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**Print Name**

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**Sign Name** **Date**