

Disclosure Statement

Janet Gordon M. Ed, L.P.C.  
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970-379-4983

My Degrees are a Bachelor of Arts from Earlham College in 1993, and in June of 2000 a M. Ed. In Counseling from Vanderbilt University. I am a Licensed Professional Counselor in the State of Colorado. I have also passed the National Board Certified Counselors Examination. I am a member of The American Counseling Association.

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, and unlicensed individuals that practice psychotherapy.

The agency within the department that has responsibility for the licensed and unlicensed psychotherapist is the Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite #1370, Denver, Colorado 80202, (303)894-7766.

Confidentiality of all clients is professionally maintained. Some exceptions to confidentiality include, but are not limited to:

- When child abuse or neglect is suspected;
- When a Client presents a danger to Themselves or others;
- When a Client files suit against Janet Gordon.

If for some reason you cannot make a scheduled appointment please let me know 24 hours in advance. Appointments cancelled in less than 24 hours will be charged for at full price. After the 2<sup>nd</sup> time a scheduled appointment is missed with no cancellation, I will assume that you are no longer interested in therapy services. You will be taken off the schedule as an active client.

It is important for you to understand that no guarantee can be given regarding outcome of services provided. The process of growth and change is ultimately dependent upon the Client's efforts, involvement and cooperation. If you feel concerned that your therapy is not going the way you like, it is important for you to bring up those concerns so we can address them.

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

I have read the preceding information and understand my rights as a client.

SIGNED:

\_\_\_\_\_

Signature of Client

Date

WITNESSED BY:

\_\_\_\_\_

Signature of Witness

Date

For Client under 15 years of age  
Parent or Guardian:

\_\_\_\_\_

Signature of Parent/Guardian

Date