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DISCLOSURE STATEMENT

1. The following is a list of degrees, credentials, certifications, registrations, and licenses I hold:

Master of Social Work, University of Utah Licensed Clinical Social Worker
Master's level Certificate in Women's Health, University of Utah
National Association of Social Workers, Member

2. 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. This agency can be reached at:

Department of Regulatory Agencies
Mental Health Section
1560 Broadway, Suite 1350
Denver, CO 80202
303-894-7766

As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters 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 masters 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 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 behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements. 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. However the 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 a registration from the state.

3. You may, at any time during the course of your therapy, feel free to ask me for information about the methods and techniques of therapy utilized, the duration of your therapy, if known, my fee structure, or any other personal concerns that you have regarding your treatment. You can seek a second opinion from another therapist or terminate therapy at any time.
4. The information provided by you during counseling is legally confidential except as required by law and is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent. There are exceptions to the rule of confidentiality that can be explained and will be identified to you should any situations arise during therapy. Some of these exceptions are listed in section 12-43-218 of the Colorado Revised Statutes. In general, the exceptions include a "threat of serious harm to yourself or others" as in the case of child abuse, suicide, grave disability; under a court order; or in response to any legal action taken by you against this agency. You should also be aware that provisions concerning disclosure of confidential communications shall not apply to any

delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S. If a legal exception arises during therapy, if feasible, you will be informed accordingly.

5. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.
6. It will be necessary for me to collect payment from you for all sessions monthly unless you have made other payment arrangements in advance. Except in the case of emergency, you will be charged for any session that you do not cancel within forty-eight (48) hours of your scheduled appointment. Sessions are \$120.00 and are 50 minutes in length. There may be an additional charge for any paper work requested from me for professional preparation. This charge will be based upon my hourly fee.
7. You may be seen at a Reduced-fee rate. This will be established with me at the beginning of treatment and may be re-examined during the course of treatment, but will not be changed without agreement between you and I.
8. It may be necessary for me to increase my professional fees from time to time. Should this occur, it will be no more than once annually and you will be informed in writing one month in advance of the increase.
9. If you experience a desire to injure yourself, have thoughts of suicide, or any other emergencies arise, call 911 or go to your local emergency room.

I have read the preceding information, and I understand my rights as a patient or as the patient's responsible party.

Print Patient's name(s)

Patient's or Responsible Party's Signature(s)

Date

If signed by Responsible Party, please state relationship to client and authority to consent:

Therapist

Date