

DISCLOSURE STATEMENT

Practice

Amie R. Bryant
Four Corners Counseling, LLC
2243 Main Ave,
Durango, CO 81301
970-946-8004

Degrees

University of Denver, MSW, 2006
Ithaca College, BA, 1998

Licenses/Certifications

- Licensed Clinical Social Worker, State of Colorado, license #1118
- Certified Addictions Counselor III, State of Colorado, license #7150
- EMDRIA Approved Consultant

Client Rights and Important Information (Pursuant to the Colorado Mental Health Practice Statute 12.43.214)

The following is an explanation of the levels of regulation applicable to mental health professionals under the Mental Health Practice Act and the differences between licensure, registration, and certification, including the educational, experience, and training requirements applicable to the particular level of regulation.

- A **Licensed Clinical Social Worker** must hold a master's or doctorate degree from a graduate school of social work, practiced as a social worker for at least two years, and pass an examination in social work.
- A Licensed Social Worker must hold a master's degree from a graduate school of social work and pass an examination in social work.
- A Clinical Social Worker Candidate, 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 Licensed Marriage and Family Therapist must hold a master's or doctoral degree in marriage and family counseling, have at least two years post-master's or one year post-doctoral practice, and pass an exam in marriage and family therapy.
- A Licensed Professional Counselor must hold a master's or doctoral degree in professional counseling, have at least two years post-master's or one year postdoctoral practice, and pass an exam in in professional counseling.
- A Licensed Psychologist must hold a doctorate degree in psychology, have one year of post-doctoral supervision, and pass an examination in psychology.
- A Certified Addiction Counselor I (CAC I) must be a high school graduate or equivalent, complete required training hours and 1,000 hours of supervised experience.
- A Certified Addiction Counselor II (CAC II) must be a high school graduate or equivalent, complete the CAC I requirements, and obtain additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam.
- A **Certified Addiction Counselor III (CAC III)** must have a bachelor's degree in behavioral health, complete CAC II requirements, and complete additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam.
- A Licensed Addiction Counselor must have a clinical master's degree, meet the CAC III requirements, and pass a national exam.
- An Unlicensed Psychotherapist is a psychotherapist 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.

You are also entitled to receive information from me about my methods of clinical work, the techniques used, the duration of clinical work (if known), and my fee structure. You may seek a second opinion from another licensed or registered mental health professional or you may terminate our work at any time. Designated client records may not be maintained after 7 years of termination of treatment. In a professional relationship (such as ours), sexual intimacy is inappropriate and should be reported to the Board that licenses, registers, or certifies the licensee, registrant, or certificate holder.

Generally speaking, the information provided by and to the client during therapy sessions is legally confidential in the case of licensed marriage and family therapists, social workers, professional counselors, and psychologists; licensed or certified addiction counselors; and unlicensed psychotherapists and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section §12-245-220 of the Colorado Revised Statutes, in the Notice of Privacy Rights you were provided, as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspicion of abuse/neglect to vulnerable populations to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly. Confidentiality is further discussed in my Practice Policies and Procedures.

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

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

Client Name

Guardian/Personal Representative Name (if applicable)

Signature

Date

Signature

Date

Relationship to Client and Authority to Consent

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY RIGHTS & PRACTICE POLICIES/PROCEDURES**

I, _____, acknowledge that I have read the Disclosure Statement and that I have received
(Client Name)
a copy of the Notice of Privacy Practices and the Practice Policies/Procedures for Four Corners Counseling, LLC.

Signature of Client/Guardian/Personal Representative Name

Date

If not the client, please print name and state legal authority to sign for client

-----*For Practitioner Use Only*-----

I attempted to obtain written acknowledgement of receipt of Notice of Privacy Practices and Practice Policies/Procedures but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining acknowledgement
- Client was incapable of signing
- Other (specify) _____

Signature of Practitioner

Date