

DISCLOSURE STATEMENT

1. Maribeth Nelson, MA, LPC
3985 Wonderland Hill Ave
Boulder, CO 80304
(720) 201-8868
2. My Degrees are: Bachelor of Science in Psychology; Colorado State University (1976). Master of Arts in Counseling Psychology, Lesley College (1996).
3. I am licensed in the State of Colorado as a Licensed Professional Counselor; license number 2359.
4. The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practices of licensed psychologists, licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, certified school psychologists, and unlicensed individuals who practice psychotherapy.

The agency within the Department that has responsibility specifically for Licensed Professional Counselors (LPC) is the LPC Board, 1560 Broadway, Suite 1340, Denver, CO 80202, (303) 894-7766.

5. Client Rights and important information:
 - a. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. Please ask if you would like to receive this information.
 - b. You can seek a second opinion from another therapist or terminate therapy at any time.
 - c. In a professional relationship sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the State Grievance Board.
 - d. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a certified school psychologist, a licensed clinical social worker, a licensed marriage and family therapist, a licensed professional counselor, a licensed psychologist, or an unlicensed psychotherapist practicing under the supervision of a licensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.

Information disclosed to a licensed social worker, a licensed marriage and family therapist, a licensed professional counselor, or a licensed psychologist 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 being sought relates.

There are exceptions to the general rule of confidentiality. These exceptions include intent to harm others or yourself, abuse or suspected abuse of children, the elderly, or others who are unable to care for themselves, and neglect or suspected neglect of children. You should be aware that, except in the case of information given to a licensed psychologist, legal confidentiality does not apply in criminal or delinquency proceedings. There are other exceptions that I will identify as they arise in therapy.

There may be times that I need to consult with a colleague or another psychotherapist about issues raised by my clients in therapy. Client confidentiality is still protected during consultation by me and the psychotherapist consulted.

6. If you have any questions or would like additional information, please feel free to ask during the initial session or at any time during the psychotherapy process.

7. Client Signature, Acknowledgement and Agreement

I have read the preceding information and understand my rights as a client. By signing below I acknowledge my understanding and agree to all terms discussed in the disclosure statement. By signing this disclosure statement, I also agree to permit consultation and I provide release for my therapist to seek consultation.

Client Signature

Date

Therapist

Date