

DISCLOSURE STATEMENT
Faith Donaldson, Unlicensed Psychotherapist
24000 US Highway 40 – Golden, CO 80401
303.643.8643

EDUCATION One year Arapahoe Community College, Colorado 1984; Vermillion High School, Vermillion, SD 1968

LICENSES I am an Unlicensed Psychotherapist in the state of Colorado.

EXPERIENCE Thirteen years Founder/Director of Justus Unlimited – a nonprofit resource, referral, group leader, therapist for survivors of extreme abuse. I have twenty-seven years in private practice as a psychotherapist, spiritual director, and counselor.

REGULATORY AGENCIES: The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice 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 specific responsibility for licensed and unlicensed psychotherapists is the State Grievance Board, Room 128 - 1525 Sherman St. Denver, CO 80203. (303)866-3248.

CLIENT RIGHTS AND IMPORTANT INFORMATION: 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. You can seek a second opinion from another therapist or terminate therapy at any time. In a profession relationship, such as ours, sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs it should be reported to the State Grievance Board.

CONFIDENTIALITY: Generally speaking, information provided by and to a client during therapy sessions with a licensed psychotherapist is legally confidential and the therapist can not disclose the information without the clients consent. However, I am not a licensed psychotherapist and I do not practice under the supervision of a licensed psychotherapist. Therefore, information provided by and to a client during therapy session with me is not legally confidential and I can be legally forced to disclose the information without your consent if asked to do so by legal authorities. However, our sessions are confidential in all other areas and cannot be disclosed to anyone without your written consent. If you have any questions or would like additional information please feel free to ask. Medical records may not be maintained after seven years.

I _____ have been informed of my therapist's degrees, credentials, and licenses. I have read the preceding information and I understand my rights as a client.

Signature of Client

Date

Signature of Therapist

Date

