

Disclosure Statement
Affiliated Therapists Inc., P.C.

David Donaldson, PhD. Licensed Psychologist

Colorado License Number 302.

Offices at 24000 US Hwy 40, Golden, CO 80402 Phone 303-643-8633

Welcome to my practice. Colorado state law requires me to provide you with a written copy of the following information.

EDUCATION

PhD. Graduate School of Psychology, Fuller Theological Seminary, Pasadena, CA, 1970.

M.A. California State University at Los Angeles, 1965

B.S. California State University at Los Angeles, 1964

M.Div. Denver Seminary, Denver Colorado, 1957

B.A. Rockmont College (now Colorado Christian University), 1954

CERTIFICATIONS

Sex Therapist, certified by AASECT, 1979

Beginning and Advanced training in EMDR in the 1980s

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. The Board of Psychologist Examiners can be reached at 150 Broadway, Suite 1350, Denver Colorado 80202, (303) 894-7800.

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 master's degree in their profession and have two years of post-master's supervision. A Licensed Psychologist must hold

doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a master's 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 1,000 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 bachelor's 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 master's degree and meet the CAC III requirements. A Registered Psychotherapist is a psychotherapist registered 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 entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy, if known, and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time. In a professional relationship, sexual intimacy is never appropriate and should be reported to the Board of Psychologist Examiners.

CONFIDENTIALITY

Generally speaking, the information provided by and to you during therapy sessions is legally confidential and cannot be released without your consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes, 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 child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly. Medical records will not be maintained after seven years.

COUPLE THERAPY

At times, instances arise where one partner in a couple I am working with wants to tell me something without the other knowing about it. Please be aware that anything you choose to tell me that is particularly pertinent to the work with both of you may come out in therapy. Please do not expect me to keep secrets where doing so jeopardizes the therapeutic work.

Simply put, if you do not want me to talk about IT with both of you, do not tell me about IT.

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

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

Print your name _____

Signature _____ Date _____