

DISCLOSURE STATEMENT

Every client is entitled to receive the following information from every unlicensed or licensed psychotherapist.

Therapist's Name: Earl Friesen, M.A., License No. LMFT #96
Mailing Address: P.O. Box 60515, Colorado Springs, CO 80906-0515
Address: 10 Boulder Crescent, Colorado Springs, CO 80903 - 719.471.1225
Degree: M.A. in Social Sciences
License: Licensed Marriage & Family Therapist

12.43.214 (1) (d) CRS: The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the department of Regulatory agencies. Questions or complaints may be addressed to:

Mental Health Occupations Grievance Board
1560 Broadway, Suite 1340
Denver, Colorado 80202
303.894.7855

12.43.214 (1) (d) CRS; a client is entitled to receive information about the methods of therapy; the techniques used; the duration of therapy (if known); and the fee structure. A client may seek a second opinion from another therapist or may terminate therapy at any time; except when court ordered. In a professional relationship, sexual intimacy is never appropriate and is against Colorado State Law and should be reported to the grievance board.

12.43.214 (1) (d) CRS: PRIVILEGED COMMUNICATIONS - The information provided by a client during therapy sessions is legally confidential in case of psychotherapists, except identified by the licensee should any such situation arise during therapy.

12.43.214 (3) CRS: A client is entitled to information (upon request) concerning any psychotherapist that is providing treatment. Such information includes the therapist's name, educational degrees and credentials.

I have been informed of my therapist's degree, credentials and licenses. I have also read the preceding information and understand my rights as a client. I also hereby acknowledge that I have received the provider's "Notice of Privacy Rights".

Client/Parent/Guardian

Date

Therapist

Date