

# DISCLOSURE STATEMENT

## **Rosanne Henry, M.A., L.P.C.**

5234 S. Camargo Rd.  
Littleton, CO 80123  
303.797.0629

My degrees are:

Virginia Commonwealth University, 1974, B.S. Marketing  
University of Colorado, 1995, M.A. Counseling Psychology

**(LPC) I am presently licensed as a Professional Counselor #2210, with an emphasis in Marriage and Family Therapy.**

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 the responsibility specifically for licensed and unlicensed psychotherapists is the State Grievance Board, 1560 Broadway, Suite #1340, Denver, CO 80202 ~ (303.894.7766) ~ ([www.dora.state.co.us](http://www.dora.state.co.us))

### **IMPORTANT INFORMATION:**

1. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy, and my fee structure.
2. You can seek a second opinion from another therapist or terminate therapy any time.
3. 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.
4. 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.

*There are exceptions to the general rule of legal confidentiality, like life threatening situations and/or the abuse of a child. You should be aware that, except in the case of information given to a licensed psychologist, legal confidentiality does not apply in a criminal or delinquency proceeding. Other exceptions to confidentiality include:*

1. *Your name and address may be sent to a collection agency, if I am unable to collect my agreed upon fee.*
2. *Your right to confidentiality will be waived if you file an official complaint or a lawsuit against me.*
3. *The information required by a third party payor, i.e. United Behavioral Health or Cigna Behavioral Health, to file claims and receive payment.*

## **RECORDS**

Records may include identifying information, dates and types of sessions, an assessment and diagnosis, a treatment plan, progress notes, and any consultations or collateral contacts made. My private psychotherapy notes are kept separate and further protected from unauthorized access. Your records will be stored safely with attention to your privacy for at least 10 years as required by Colorado Statute. They can only be released with your written permission, and if you were seen in couple or family sessions, all adults present would have to sign the release. It is my policy to not release an entire record, even with your consent. Instead, I may summarize the content related to the request. You will be granted reasonable access to your record and may request in writing, an amendment to your record.

## **TERMINATION**

Termination will usually be agreed upon mutually, but you are free to terminate at any time. However, in a few special instances I may decide to stop working with you even though you wish to continue. These include a failure to meet the terms of our fee agreement, a need for special services outside of the area of my competency, and prolonged failure to make progress in our work together. Should this occur, the reason for termination will be discussed with you, and you will be encouraged to make different plans for yourself, including a referral to a more appropriate resource

*I have read the preceding information and understand my rights as a client.*

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*Client signature*

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*Date*

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*Therapist signature*

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*Parent/Guardian's signature*

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*Parent/Guardian's signature*

