## **DISCLOSURE STATEMENT**

The Mental Health Section of the Division of Registrations regulates the practice of licensed or registered persons in the field of psychotherapy. The Board of Professional Counselor Examiners can be reached at 1560 Broadway, Suite #1350, Denver, Colorado 80202, 303-894-7800 or on their website at <a href="http://www.dora.state.co.us/registrations/index.htm">http://www.dora.state.co.us/registrations/index.htm</a>. On this web page, you may verify my credentials or file a complaint under the section titled "General Information".

As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker (LCSW), a Licensed Marriage and Family Therapist (LMFT), and a Licensed Professional Counselor (LPC) must hold a masters degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker (LSW) must hold a masters 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 (CAC) I, must be a high school graduate, complete required training hours, and 1,000 hours of supervised work experience. A CAC II must complete additional required training hours and 2,000 hours of supervised work experience beyond that of a CAC I, totaling 3,000 hours of supervised work experience. A CAC III must have a bachelor's degree in behavioral health, complete additional required training hours, and 2,000 hours of supervised work experience beyond that of a CAC II, totaling 5,000 hours of supervised work experience. A Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training, or experience is required.

Name: Erin M. Wick, MA, LPC, CAC III

<u>Credentials</u>: Master of Arts in Community Counseling University of Northern Colorado

Licensed Professional Counselor (LPC)

Certified Addiction Counselor III (CACIII)

Colorado License # 3686

Colorado License # 6256

I earned my Master of Arts degree in Community Counseling, now known as "Clinical Psychology", with an emphasis in Marriage and Family Therapy from the University of Northern Colorado. In order to obtain my masters, I completed 66 credit hours of coursework, 15 of which were focused on marriage and family therapy, practicums in both individual and marriage and family therapy, and an 800-hour internship. To obtain licensure as a Licensed Professional Counselor, I completed two years of post-masters supervision while working with adults and adolescents with mental health, substance abuse, and legal issues in a variety of settings. In addition, I passed the jurisprudence and national exam for counselors. With experience, supervision, and exam requirements satisfied, I was granted licensure in March 2004. In order to become a Certified Addiction Counselor, Level III, I completed all of the required classes for CACI, CACII, and CACIII, which totaled 294 training hours, 5000 hours of work experience in the addiction field, and continued supervision meetings once per week. I earned my CACIII in 2005. In total, including the years working in the psychology field prior to earning my masters, I have been employed in the field of psychology for sixteen years and have worked in residential, inpatient, outpatient, correctional, and private practice settings in roles ranging from residential counselor to therapist to program manager. I employ a cognitive behavioral approach to treatment that includes strong components of mindfulness, skills, and direct feedback.

## **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 is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant, or certificate holder.

## CONFIDENTIALITY

General Rule of Confidentiality: Information disclosed to a psychological professional is considered "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 sought testimony relates, unless ordered by a presiding court official. At times, legal

proceedings may result in an exception to confidentiality and any information that the client discloses willingly and publicly about their therapy will not be considered confidential. This section does not apply to covered entities, their business associates, or health oversight agencies, as each defined in the federal "Health Insurance Portability and Accountability Act of 1996", as amended by the federal "Health Information Technology for Economic and Clinical Health Act", and the respective implementing regulations.

Exceptions to the Rule of Confidentiality: There are exceptions to this legal confidentiality, some of which are listed in the Colorado statutes, section 12-43-218, C.R.S., and in the Notice of Privacy Rights you were provided. These exceptions include situations involving an assessment that the client is an imminent danger to self or others, or gravely disabled. Furthermore, if I suspect that someone is abusing or neglecting a child or elder, I am required by law to report it. These exceptions require that I contact appropriate persons such as family members, your psychiatrist/physician, law enforcement, social services, and/or the specific person you are threatening to harm (if applicable).

In addition, you should be aware I might consult with colleagues or appropriate professionals, such as an attorney, during the course of your treatment should the need arise. Your confidentiality is still protected during any such consultation.

Confidentiality cannot be assured when utilizing cell phones, emails, or facsimiles (AKA "fax") as modes of communication with me. By using these means of communication, you are giving me permission to contact you in a similar manner and are releasing me from any breach of confidentiality that may occur in the process. However, every effort will be made to ensure your confidentiality remains intact if communication occurs by these methods.

By initialing here, you acknowledge you have read the preceding information, which has also been provided verbally, and you understand your rights as a client/patient.

As the client, I have read the preceding information, understand my rights as a client and have been given the opportunity

## **CONSENT TO TREAT**

Client Printed Name/ Client Signature/ Date

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ackno	wledge my und	derstanding o	of, and agree	ement to, al	l of the informa	tion contained in	this documen	t and ther	reby,
conse	nt to treatment v	with Erin M.	Wick, MA, I	LPC, CACII	I, managing men	nber of Perspectiv	es Counseling,	LLC.	
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Erin M. Wick, MA, LPC, CACIII

Date