

**DISCLOSURE STATEMENT**

MARC COULTER LPC, MAC, CAC III  
50 S. Steele St. #930  
Denver, CO 80209  
(303) 388-9749

Your counselor's credentials are as follows:  
M.A., Counseling Psychology/Counselor Education-Marriage & Family Therapy.  
Licensed Professional Counselor (LPC), #3597  
Certified Addictions Counselor, Level III (CAC III), #6044

The agency responsible for the regulation of counselors is the Mental Health Licensing Section of the Division of Professions and Occupations. The State Board of Licensed Professional Counselor Examiners can be reached at: 1560 Broadway, Suite 1350, Denver, CO 80202 (303) 894-7800

As to the regulatory requirements applicable to mental health professionals:

- Registered psychotherapist is a psychotherapist listed 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.
- Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.
- Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.
- Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements.
- Licensed Social Worker must hold a master's degree in social work.
- 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.
- 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-masters supervision.
- A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.

**Client Rights and Important Information:**

You are entitled to receive information from me about my methods of therapy, and techniques I use, the duration of your therapy (if I can determine it), and my fee structure. You can seek a second opinion from another therapist or terminate therapy at any time.

In a professional relationship (such as ours), sexual intimacy between a counselor and a client is never appropriate. If sexual intimacy occurs, it should be reported to the State Grievance Board.

Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes, and the HIPAA 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 suspected child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly. If you have any questions or would like additional information, please feel free to ask.

Any person who alleges that a mental professional has violated the licensing laws related to the maintenance of records of a client eighteen-years of age or older, must file a complaint or other notice with the licensing board within seven years after the person discovered or reasonably should have discovered this. Pursuant to law, this practice will maintain records for a period of seven years commencing on the date of termination of services or on the date of last contact with the client, whichever is later. When the client is a child, the records must be retained for a period of seven years commencing either upon the last day of treatment or when the child reaches eighteen years of age, whichever comes later, but in no event shall records be kept for more than twelve years.

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

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**Print Client Name and Signature**

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**Date**