Sarah Murray, LCSW | Heart Wild, LLC 3401 Quebec Street | Suite 4500 | Denver, CO 80207 720-635-9045 | <u>heartwildtherapy@gmail.com</u> | <u>www.heartwild.org</u>



Disclosure & Confidentiality Statement

- I am a Licensed Clinical Social Worker, practicing in the state of Colorado.
 Education: Bachelor of Arts Degree in Psychology from Wheaton College; Masters Degree in Social Work from Simmons College.
 License: Licensed Clinical Social Worker (Colorado) CSW.09923581
- The practice of licensed persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Colorado Division of Registries. The Boards of Social Work can be reached at 1560 Broadway, Suite 110, Denver, Colorado 80202, 303-894-7855.
- The license required a Master's Degree in Social Work and two years post-masters supervision. In order to maintain my license, I must complete continuing education and uphold strong ethics as determined by the National Association of Social Workers and the licensing board.
- You have the right to get information from me about the type of therapy and techniques used, the estimated length of treatment, and all fees. You have the right to get a second opinion and terminate therapy at any time.
- In a professional relationship between client and therapist, sexual intimacy is never appropriate and is illegal in the state of Colorado. It should be reported to the regulating agency listed above.
- Client records will be stored confidentially for seven (7) years after treatment has been terminated, pursuant to section 12-245-226 (1)(a)(II)(A).
- Generally speaking, the information provided by and given to a client during therapy sessions is legally confidential in the case of individuals licensed, certified, or registered pursuant to this article 245, except as provided in section 12-245-220 and except for certain legal exceptions that will be identified by the licensee, registrant, or certificate holder should any such situation arise during therapy. If the information is legally confidential, the therapist may not disclose the information without the client's written consent. There are additional exceptions to confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes and the HIPAA Notice of Privacy Practices, 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, I will inform you accordingly. The Mental Health Practice Act (CRS 12-43-101) is available at:

https://www.colorado.gov/pacific/dora/Professional Counselor Laws.

• A release will need to be signed by you in order for this therapist to collaborate with any other providers/individuals regarding your treatment.

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I have read the preceding information on page 1 and/or have had it read to me, it has been provided to me verbally, and I understand my right as a client or a client's responsible party.

Client/ Guardian Signature

Print Name

Date

Therapist Signature

Print Name

Date