

Heather Young Disclosure Statement

Credentials:	Masters of Arts in Counseling, Nationally Certified Counselor, Licensed Professional Counselor
Education, Experience, Training:	Heather Young, M.A., N.C.C., L.P.C. Mrs. Young earned her Master of Arts degree in Counseling with Honors, from Denver Seminary and is credentialed in Colorado as a Licensed Professional Counselor #5324. She has worked for <u>12</u> years as a mental health counselor and has specialized training in Dialectical Behavior Therapy, Functional Family Therapy, Emotionally Focused Therapy, Eye Movement Desensitization and Reprocessing, Suicide Prevention, Disaster Response, and Substance Abuse.
Regulatory Requirements:	A Licensed Professional Counselor must hold a masters degree in their profession and have two years and 2,000 hours of post-masters supervision
Business Address:	7000 E. Belleview Ave. Suite # 350 Greenwood Village, CO. 80111
Business Phone:	(720) 606-3202

The practice of this licensed psychotherapist is regulated by the Department of Regulatory Agencies-Division of Registrations, Mental Health Section. Questions and complaints may be addressed to:

Department of Regulatory Agencies-Division of Registrations, Mental Health Section

Board of Licensed Professional Counselors Examiners

1560 Broadway, Room 1350

Denver, Colorado. 80202

(303) 894-7800

This clinician provides services in accordance with the following guidelines:

- You are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure
- You may seek a second opinion from another therapist or terminate therapy at any time
- In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses the therapist
- The information provided by you during therapy is legally confidential except as required by law in cases of serious threat to oneself or others as in the case of child abuse, suicide, grave disability; medical emergencies; under court order; or in response to any legal action taken by you against this therapist.
- This therapist does receive clinical consultation and there may be times that she would like to discuss your situation with other professionals. In this case, therapist will not use your full name to continue protecting your confidentiality. By signing this disclosure statement, you give permission to consult with other professionals as needed to provide appropriate services to you. This permission may be revoked at any time.
- If you participate in group therapy, it is necessary for you to agree to protect the privacy of other group members. You need to agree not to share personal information, including the names of other group members, with people outside of group. You may expect the same courtesy from other group members

As a client, you have the following rights:

- You have the right to revoke consent, refuse treatment or end therapy at any time
- To be treated with respect and recognition of your need for dignity
- To actively participate with this therapist in creating a personalized plan for your treatment and to include other people as requested
- To confidentiality and to expect that none of the information about your treatment will be given to anyone without your written permission, except as required by law
- To inspect your records, or have them shown to anyone designated by you in writing. If you are denied access to records, to know why and how to appeal
- To be informed of these rights in a way that you understand

I certify that I have been informed of my counselor's degree, credentials, certifications, and licenses and of education, experience and training required in obtaining them. The information has also been provided to me verbally, if requested by me. I understand my rights as a client or as the client's responsible party. I hereby acknowledge that I have been provided a copy of the Notice of Privacy Practices.

Client's Signature (Parent or Responsible Party)

Date

Clinician's Signature

Date