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PROFESSIONAL DISCLOSURE & INFORMED CONSENT STATEMENT

What you should know about therapy:

It is essential that you (the client) understand we will be creating a working relationship over the course of your treatment. It can be difficult to develop a trusting, open, and honest relationship without affording this process at least three (3) or four (4) sessions, sometimes more. Give yourself time to get to know me and to develop trust in the therapeutic process.

My qualifications and areas of study:

I earned a Bachelor of Science Degree in Education from Oklahoma Panhandle State University in 1989, graduating Summa Cum Laude. I earned my Master of Social Work (MSW) from the University of Denver, Graduate School of Social Work in 1997. I am licensed in the State of Colorado as a Licensed Clinical Social Worker (LCSW). I am trained in Eye movement desensitization and reprocessing (EMDR) Therapy, Cognitive/Behavioral Therapy, Solution Focused Therapy, and other evidence based therapeutic interventions.

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Regulatory Agencies (DORA). The Board of Social Work Examiners under DORA can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. The state of Colorado requires I share regulatory requirements applicable to mental health professionals:

A Licensed Clinical Social Worker (LCSW/CSW), a Licensed Marriage and Family Therapist (MFT), and a Licensed Professional Counselor (LPC) must hold a master's degree in their profession and have two years of post-master's supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Social Worker candidate must hold a master's degree in social work, a Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. Colorado no longer has a registered psychotherapist profession. The HB20-1206 Sunset Mental Health Professionals includes a provision that changes the title "registered psychotherapist" to an "unlicensed psychotherapist" for all current psychotherapists on the registry, and discontinues the registration of any new psychotherapists.

A ***Certified Addiction Technician (CAT)*** must be a high school graduate, complete the required training hours (1000 hours) of supervised experience, and pass the NAADAC' NCAC Level I exam.

A **Certified Addictions Specialist (CAS)** must hold a clinical behavioral health Bachelor's degree, complete the required training hours (2000 hours) of supervised experience, and pass the NAADAC' NCAC Level II.

A **Colorado Addictions Counselor/Licensed Addiction Counselor (CAC/LAC)** must hold a clinical Master's or Doctoral degree, hold and meet requirements for CAC and/or complete the required training hours (2000 hours) of clinical work experience, and pass the NAADAC Master Addiction Counselor (MAC) exam.

Your rights as a client:

1. Any question is welcome at any time. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if known) and fee structure, if applicable.
2. You can seek a second opinion from another therapist or terminate therapy at any time, unless you are court ordered into treatment.
3. The practice of licensed or unlicensed registered persons in the field of psychotherapy is regulated by the Mental Health Section of the Division of Regulatory Agencies (DORA). The Board of Social Work Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.
4. In a professional relationship, such as ours, sexual intimacy is NEVER appropriate and should always be reported to the Colorado Department of Regulatory Agencies (DORA).
5. Generally speaking, information provided by, and to, a client during therapy sessions with a psychotherapist is kept confidential unless the information falls under the following listed exceptions to confidentiality, or a signed release of information (ROI) is on file. SEE BELOW.
6. Minor Children ages 12 and over have the right to consent to certain counseling services with or without parental or legal guardian consent per passage of State of Colorado House Bill 19-1120, making changes to Colorado Revised Statutes. Youth ages 15 and over have the right to consent to outpatient counseling/psychotherapy services with or without notification to the youth's parent or legal guardian.

I am able to return voicemails within 24 to 48 hours unless otherwise specified on my voicemail, or during weekends and holidays. PHONE: (719) 422-7079.

Please note this therapeutic practice is not equipped to provide 24-hour emergency service. In the event of a mental health emergency, clients are urged to call 911, 988, or report to the nearest emergency department, or contact the following 24 hour hotline: Colorado Crisis Service (844) 493-TALK (8255).

Treating Minors: Colorado passed Legislation allowing minor children ages 12 and older the right to consent to certain counseling services with or without parental or legal guardian consent per passage of State of Colorado House Bill 19-1120. Youth ages 15 and over have the right to consent to outpatient counseling/psychotherapy services with or without notification to the youth's parent or legal guardian.

Exceptions to Confidentiality I am required by law to report the following should I become aware: (1) anything the state of Colorado defines as child abuse or neglect or at-risk adult abuse, neglect or exploitation, (2) if I believe someone is a threat of harm to self or someone else, (3) if I have reason to believe someone is at risk of harm I can request a well-person check by law-enforcement, or (4) if a client's therapeutic records are court ordered. Legal confidentiality does not apply in a criminal or delinquency proceeding.

Cancellation Policy: A minimum of 24 hour notice is required in the event of a cancellation, but you may call in any time to request to reschedule your appointment.

I believe in getting the most from our work together. As such, there may be times when I will ask you to enhance your learning by applying skills outside our sessions together; therefore, I may recommend books, websites, articles and/or audios to reinforce or expand what we are working on in session.

I have read the preceding information, it has also been provided verbally, I understand my rights as a client and consent to psychotherapy treatment services.

Client Name (Print)

Date

Client Signature

Date

Parent/Guardian Signature/ Relationship

Date

Therapist/LCSW Signature

Date