MANDATORY DISCLOSURE STATEMENT & INFORMED CONSENT

This statement is being provided to you so that you are aware of your rights as a psychotherapy client.

Please read this and discuss any questions or concerns you have before signing it.

**My name, professional address and phone number:**

Anna R. Donovan, MA, LPC. My business, Anna Donovan, PLLC, is registered with Registered Agents, Inc. located at 1942 Broadway St., Ste 314C, Boulder CO 80302, (415)948-3913. I earned a Masters in Mental Health and School Counseling from the University of Colorado, Colorado Springs in 2019. I am a licensed professional counselor (LPC) with the state of Colorado. My license number is LPC.0018270.

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, license school psychologist practicing outside the school setting, and unlicensed individuals who practice psychotherapy. All questions and/or complaints should be addressed to: Department of Regulatory Agencies, Mental Health Section, Board of Psychologist Examiners, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

**Client rights and important information:**

• Generally speaking, the information provided by and to you as the client during the therapy sessions is legally confidential. Since the information is legally confidential, I cannot be forced to disclose any of your information without your consent. Information disclosed to me is 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 testimony sought relates.

• There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S. **Confidentiality may also be waived in the event of physical abuse and/or neglect of a child, including any past or present sexual contact with a minor.** All therapists are required by law to report such instances to Child Protective Services (CPS). **Additionally, in the event of imminent danger to yourself or another person, I am required by law, to protect you, which may result in you being hospitalized, and I have a duty to warn anyone who may be in imminent danger as a result of your threats or frame of mind.**

• 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.

• In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

• You can seek a second opinion from another therapist or terminate therapy at any time. Your records cannot be maintained after seven (7) years.

The state of Colorado requires an explanation of all levels of regulation applicable to mental health professionals under the Mental Health Practice Act, regardless of whether you are using them.

- A Licensed Social Worker must hold a master’s degree from a graduate school of social work and pass an examination in social work.

- A Licensed Clinical Social Worker must hold a master’s or doctorate degree from a graduate school of social work, practiced as a social worker for at least two years, and pass an examination 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 Licensed Marriage and Family Therapist must hold a master’s or doctoral degree in marriage and family counseling, have at least two years post-master’s or one year post-doctoral practice, and pass an exam in marriage and family therapy.

**- A Licensed Professional Counselor must hold a master’s or doctoral degree in professional counseling, have at least two years post-master’s or one year postdoctoral practice, and pass an exam in professional counseling.**

- A Licensed Psychologist must hold a doctorate degree in psychology, have one year of post-doctoral supervision, and pass an examination in psychology.

- A Certified Addiction Counselor I (CAC I) must be a high school graduate or equivalent, complete required training hours and 1,000 hours of supervised experience.

- A Certified Addiction Counselor II (CAC II) must be a high school graduate or equivalent, complete the CAC I requirements, and obtain additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam.

- A Certified Addiction Counselor III (CAC III) must have a bachelor’s degree in behavioral health, complete CAC II requirements, and complete additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam.

- A Licensed Addiction Counselor must have a clinical master’s degree, meet the CAC III requirements, and pass a national exam.

- A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists and therefore authorized by law to practice psychotherapy in Colorado, but is not licensed or certified, and no degree, training or experience is required.

**My Degrees and Certifications**: I earned a BA from Stanford University in 1994, a MFA from California College of the Arts in 2000 and a MA in Mental Health and School Counseling from the University of Colorado, Colorado Springs in 2019. I hold a certification as a National Certified Counselor (NCC) which requires obtaining a Masters and passing an exam. I also received a 200 hour certification in yoga instruction in 2009 and a 300 hour yoga therapy certificate in 2024.

If you have questions about licensure, please contact the [Colorado State Board of Professional Counselor Examiners](https://www.colorado.gov/pacific/dora/Professional_Counselor_Program_Info) that regulates LPCs in the state. Mailing Address: PO Box 469, Brighton, CO 80601. Business Email: Info@ColoradoCounselingAssociation.org.

**Fee Information:**

My standard fee is $125 for a 55-minute session.

For a child’s session of 45 minutes I charge $110.

For family sessions of one hour the fee is $180.

I request payment by credit card, check or cash at the time service is rendered. If checks are returned due to insufficient funds, a $25 fee will be charged to you. Meetings with auxiliary medical or legal consultants either by phone or in person and report writing will be billed at my standard fee. If payment is in arrears more than 90 days and a fee payment schedule cannot be agreed upon, your account will be turned over to a collection agency, an attorney, or small claims court.

**Missed appointments and cancellations:**

If you are unable to keep an appointment, please notify me as soon as possible. I understand that some events are unpredictable, such as sudden illness, so I allow for two (2) missed appointments within one year. Beyond that, if you cancel or miss an appointment without giving me 48 hours’ notice by text or phone, you will be billed full fee for the session as this is otherwise lost income for me and does not allow me to serve other clients in need.

**Telephone calls:**

If you need to speak to me between regularly scheduled sessions, please leave a message and I will return your call as soon as possible. Telephone calls for the purpose of scheduling are expected and are not billed. I do not charge for brief conversations but any discussion that goes beyond 10 minutes, or more than three 10 minute discussions per week, will be billed to you on a prorated basis. I am generally available between the hours of 9am and 6pm, Monday through Friday. If an emergency arises after those hours, please call 911 or go to the nearest available emergency room.

**Health Information Privacy Notice (HIPAA):**

By signing this disclosure you acknowledge receipt of the HIPAA policies for your review. Once you have reviewed these policies, please return a signed copy to me. You are not required to sign this notice to receive treatment. Please verbally inform me if you elect to not sign the notice.

If you have any questions or would like additional information, please feel free to ask me.

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

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Client Signature Date

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Parent/Guardian Signature Date

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Anna R. Donovan, MA, LPC Date