

**Faculty and Staff Assistance Program
University of Colorado at boulder
3100 Marine Street, Suite A353
Boulder, CO 80303-1058**

DISCLOSURE STATEMENT

Colorado state law requires that I provide you with a disclosure statement outlining my credentials as a therapist and your rights as a client. The following statement covers the points on which you should be informed according to Colorado Revised Statute (C.R.S) 12-43-214. If you have any questions about the material contained in this statement or about any aspect of your work with me, please do not hesitate to ask.

I. General Information

Paulette Erickson England, LCSW
Faculty and Staff Assistance Program
Administrative and Research Center
3100 Marine Street, 3rd Floor, Room A353
303-492-7298
paulette.EricksonEngland@colorado.edu

I am a Licensed Clinical Social Worker in the state of Colorado, License # 616. I hold a Bachelor of Arts degree in Psychology from the University of California at Davis, and a Masters in Social Work from the University of Denver. I am a member of IAEAPE-International Association of EAP in Higher Education. I have over a decade of experience in community social work specializing in prevention programs for children, adults, and families. I have been in private practice working with individuals, couples and families since January 2008. My private practice is currently on hiatus.

II. Client Rights and Relevant Information

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Social Work Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters 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. A Licensed Social Worker must hold a masters degree 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 Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience.

A CAC III must have a bachelors degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

You are entitled, to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy, if known, and the fee structure. You can 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, registers, or certifies the licensee, registrant or certificate holder.

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 the Notice of Privacy Rights you were provided as well as other exceptions in Colorado and Federal law. . These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). Such requirements include situations when a psychologist or counselor determines that you may inflict harm on yourself or others, or situations in which child abuse/neglect or elder abuse/neglect have taken place. If a legal exception arises during therapy, if feasible, you will be informed accordingly.

In situations when imminent threat or harm to self or others is a concern of your counselor, your personal information and details of the situation/concern will be provided to the CU-Boulder faculty/staff-specific Threat Assessment Team.

III. My Clinical Approach

My fundamental approach to therapy is integral and eclectic. I use a variety of techniques and methods drawn from Family Systems Therapy, Cognitive Behavior Therapy, Mindfulness Practice, Brief, Solution Focused Therapy, Existential Therapy, Eye Movement Desensitization and Reprocessing (EMDR) and Dialectical Behavior Therapy (DBT) in working with individuals, couples, families, and groups. I specialize in transitions, trauma, and stress-related anxiety and depression. I am available to meet with you for six sessions per year free of charge and will provide you with external referrals if additional therapy is desired. If at any point you would like additional information and/or have questions about any aspect of your therapy with me, please feel free to ask.

I have read the preceding information, it will also be provided verbally, and I understand my rights as a client or as the client's responsible party.

Client's name (Print)

Client's or Responsible Party's Signature

Date

If signed by Responsible Party, please state relationship to client and authority to consent:
