FACULTY AND STAFF ASSISTANCE PROGRAM

University of Colorado at Boulder
3100 Marine Street, Suite A353
Boulder, CO 80303-1058

DISCLOSURE STATEMENT

Colorado state laws require 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 (CRS) 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.

ABOUT THE THERAPIST

- Stanley Ly, MA, LPC
  Faculty and Staff Assistance Program
  Administrative and Research Center
  3100 Marine Street, 3rd Floor, A353
  303-492-1508
  stanley.ly@colorado.edu

Educational Degrees

- Master of Arts, Transpersonal Counseling Psychology, May 2014; Naropa University, Boulder, CO
- Bachelor of Arts, Honors of the Highest Distinction in Psychology, December 2010; Sonoma State University, Rohnert Park, CA

State Licenses

- Licensed Professional Counselor (LPC); LPC.0013302, September 2016; State of Colorado, Department of Regulatory Agencies, Division of Professions and Occupations, Denver, CO

Professional Trainings (Trainings 15 Hours or Greater)

- Dialectical Behavior Therapy; completion of facilitator training; completed October 2012 and November 2016; Noeticus Counseling Center and Training Institute, Denver, CO
- Motivational Interviewing; completion as part of Licensed Addictions Counselor Training; completed 2016; Odyssey Training Center, Denver, CO and Noeticus Counseling Center and Training Institute, Denver, CO

Clinical Approach

I utilize an integrative model for counseling. The integrative approach is flexible, inclusive, and collaborative. I will consider your individual characteristics, needs, strengths, physical abilities, spiritual beliefs, cultural background, and motivations in my approach. I use a variety of techniques and methods drawn from Mindfulness-Based Psychology and Counseling, Dialectical Behavior Therapy, Applied Existential Psychotherapy, Motivational Interviewing, and Gestalt Psychology.
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 or recommended. If at any point you would like additional information, or have questions about any aspect of your therapy with me, please feel free to ask.

REGULATORY AGENCY

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The Boards of Registered Psychotherapists, Licensed Professional Counselor Examiners, Licensed Marriage and Family Therapist Examiners, Social Work Examiners, and Psychologist Examiners can be reached at:

State of Colorado Department of Regulatory Agencies  
Division of Professions and Occupations Mental Health Licensing Section  
1560 Broadway, Suite #1350, Denver CO 80202  
Phone (303) 894-7800 • Fax (303) 894-7693 • http://www.dora.state.co.us/registrations

As to the regulatory requirements applicable to mental health professionals:

- A Registered Psychotherapist is a psychotherapist listed in the State’s database and is authorized by law to practice psychotherapy in Colorado, but is not licensed by the state and is not required to satisfy any standardized educational or testing requirement to obtain a registration from the state.
- A Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours, and 1000 hours of supervised experience. A Certified Addiction Counseling II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelor’s degree in behavioral health, 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 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 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.

CLIENT RIGHTS AND IMPORTANT INFORMATION

- You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy with me (if known), and my fee structure. Please ask if you would like to receive this information.
- You can seek a second opinion from another therapist or terminate therapy at any time.
- In a professional relationship such as ours, sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it 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 a 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 Section 12-43-218 of the Colorado Revised Statutes (CRS) and the HIPAA Notice of Privacy Rights you were
provided as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child abuse to authorities. Mental health professionals are also required to report situations where there is imminent danger to you, someone else by you, or a grave disability you might experience. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: http://www.dora.state.co.us/mental-health/Statute.pdf.

- In situations where 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.

By signing below you are agreeing that you have read the preceding information, it will also be provided verbally, and that you understand your rights as a client or as the client's responsible party.

__________________________________________
Client’s Name (Print)

__________________________________________
Client or Responsible Party’s Signature Date

If signed by responsible party, your relationship to client and authority to consent:

__________________________________________