

## MODEL MANDATORY DISCLOSURE STATEMENT

**DISCLAIMER:** This Model Mandatory Disclosure Statement is to be used as a guide only and is aimed only to assist the practitioner in complying with § 12-43-214, C.R.S., of the Mental Health Practice Act, § 12-43-101 *et seq.*, C.R.S. As a licensed, registered, and/or certified mental health professional in the State of Colorado, you are responsible for ensuring that you and your practice are in compliance with the provisions of the Mental Health Practice Act and any other state or federal statute governing the disclosure of information to clients. While the information below must be included in your Mandatory Disclosure Statement pursuant to § 12-43-214, C.R.S., you are welcome to include additional information that specifically applies to your mental health practice.

1. **[Name, business address, business telephone number of licensee, registrant, or certificate holder.]**
  
2. **[An explanation of the levels of regulation applicable to mental health professionals under the Mental Health Practice Act and the differences between licensure, registration, and certification, including the educational, experience, and training requirements applicable to the particular level of regulation.]**

\* Please note that regardless of the area in which you practice, all of the following information must be included in your Mandatory Disclosure Statement in order to comply with § 12-43-214(1)(b)(I), C.R.S:

- 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 requirements to obtain a registration from the state.
- 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 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 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.
3. **[A listing of any degrees, credentials, certifications, registrations, and licenses held or obtained by the licensee, registrant, or certificate holder, including the education, experience, and training the licensee, registrant, or certificate holder was required to satisfy in order to obtain the degree, credentials, certifications, registrations, or licenses.]**
  4. **[A statement indicating that the practice of licensed or registered persons in the field of psychotherapy is regulated by the division, and an address and telephone number for the board that regulates the licensee, registrant, or certificate holder.]**

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 Board of [list the name of the Colorado board regulating your profession] can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.
  5. **[A statement indicating that a client is entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure.]**
  6. **[A statement indicating that the client may seek a second opinion from another therapist or may terminate therapy at any time.]**
  7. **[A statement indicating that, in a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licensed, registers, or certifies the licensee, registrant, or certificate holder.]**
  8. **[A statement indicating that the information provided by the client during therapy sessions is legally confidential in the case of licensed marriage and family therapists, social workers, professional counselors, and psychologists; licensed or certified addiction counselors; and registered psychotherapists, except as provided in § 12-43-218 and except for certain legal exceptions that will be identified by the licensee, registrant, or certificate holder should any such situation arise during therapy.]**

9. **[IF the mental health professional is a registered psychotherapist, a statement indicating that a registered psychotherapist is a psychotherapist listed in the state's database and is authorized to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain registration from the state.]**

[Sample Signature Block:]

I have read the preceding information and understand my rights as a client or as the client's responsible party.

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Print Client's Name

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Client's or Responsible Party's Signature

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Date

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

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