# Flatland Center for Brain Disclosure Statement

**Counselor Name**: Rhonda G. Osborne
**Address**: 143 S. Campbell, Holyoke, CO 80734
**Phone Number**: (970) 571-5336
**Degree**: Master of Arts in Mental Health Counseling
**Credentials and Licenses**: LPC, CACIII, QEEG-D, BCN, LIMHP

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 Marriage and Family Therapist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, CO 80202, (303) 894-7800. 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 requirements 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 1,000 hours of supervised experience. A Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience. A Certified Addiction Counselor III (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 master's 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. In addition all licensed positions are required to pass an examination to obtain licensure.

You are entitled to receive information from your counselor about the methods of counselor, the techniques used, the expected duration of counselor (if known) and the fee structure. At any time you may seek a second opinion from another therapist, and you may terminate the therapy at any time. You acknowledge that a therapeutic hypoallergenic dog will be on site during treatment, and accept the associated risks.

You are responsible for any service or product fees accumulated during your treatment at Flatland Center for Brain, LLC. Products may require a credit card hold or advance payment. Neurofeedback rental equipment is the property of Flatland and must be returned in pre-rental condition. Damage or lost equipment will be the financial responsibility of the renter. You acknowledge awareness that any unpaid fees and services will be subject to a collection agency for payment following the 90 day grace period.

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 psychotherapy 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 and the HIPAA Notice of Privacy Rights provided on the FlatlandCenterForBrain..com website as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child abuse to authorities. If a legal exception arises during counseling, 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. All client documents will be destroyed after seven years.

I have read the preceding information; it has been provided verbally; and I understand my rights as a client or as the client's responsible party.

_____ _____
**Print Client's name** Date

_____
**Client's or Responsible Party's Signature.** (If signed by the Responsible Party, please state relationship to client and authority to consent.)

_____ _____
Counselor's signature Date
**I acknowledge receipt of Flatland Center for Brain, LLC Privacy Notice**.

_____ _____
**Client Signature** Date