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THERAPIST DISCLOSURE STATEMENT

DEGREES AND CREDENTIALS

LCSW License Number 991939 **EMDR** level 2 earned 2006
MSW University of Denver 1995 **BA** Bucknell University 1992

The practice of both licensed and unlicensed psychotherapists is regulated by the Department of Regulatory Agencies under **CRS 12.43.214 (1)(c)**. Questions or complaints may be addressed to: **Colorado State Grievance Board, 1560 Broadway, Suite 1340, Denver, CO 80202 (303) 894-7760**.

Under this statute, **12.43.214 (1)(d) CRS**, you are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy (if known), and the fee structure. You may seek a second opinion from another therapist or may terminate therapy at any time. In a professional relationship, sexual intimacy is inappropriate and should be reported to the Grievance Board.

12.43.214 (1)(d) CRS states that information provided by a client during therapy sessions is legally confidential in the case of licensed clinical social workers, except as provided in section **12.43.218**. Exceptions to confidentiality include: suspected abuse/neglect, suicidal or homicidal threats or a court order.

For clinical emergencies of a life threatening nature after hours, please contact 911 or your closest hospital emergency room. Normally, I will return non-emergent calls within 24 hours on weekdays, and within 48 hours over weekends.

I have been informed of my therapist's degrees, credentials, and licenses. I have also read the preceding information and understand my rights and responsibilities as a client.

Client's Signature (Guardian for Minor)

Date

Therapist's Signature

Date