



Alpine Springs Counseling

PO Box 311, Rifle, CO 81650-0311

970-945-7858

970-649-7728

alpinesprings.reliatrax.net

Disclosure Statement

Client Name: **Jane Q Doe, Jr.**

Date of Birth: **11/19/1985**

ASC is a substance use treatment program licensed by the Behavioral Health Administration (BHA), CO Department of Human Services. The counseling staff & their qualifications are as follows:

- **Mary Anne Avery, MA, LPC, LAC, CAS:**
LPC #13209
LAC #1960
CAS #20794
DVOMB Full Operating Adult Treatment Provider & female offenders
SOMB Full Op Adult Treatment Provider & Evaluator
- **Travis Cartmell**
ACA: # 0008324
Certified Addiction Technician
- **Kristina Ciarlo, LPC**
LPC: # 0014398
DVOMB Practice Level Associate
- **Nayeli Cisneros Saucedo**
ACC: # 00021259
- **Jim Easton, MA, LPC, CAS:**
CAS # 03046
DVOMB Full Operating Adult Treatment Provider female and LGBTQ+ offenders
- **Sandy Eriksen, LCSW:**
LCSW # 00001394
DVOMB Full Operating Adult Treatment Provider and female and LGBTQ+ offenders
- **Garett Gebhart, MS, LAC**
LAC: #0000375
- DVOMB In Training
- **Pattie Krueger, CAS**
CAS # ACC.0998576
- **Dennis O'Niell**
ACC: # 0002536
- **Deborah Papp, LCSW, LAC**
LCSW: CSW # 09923029
LAC: ACD.0000289
- **Narda Reigel, CAS**
CAS #08019
- **Colleen Watson, MA, LPC**
LPC # 0018438

1. The practice of registered, certified or licensed persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. Questions and complaints regarding addiction counselors may be addressed to: Board of Addiction Counselor Examiners, 1560 Broadway, Suite 1350, Denver, CO 80202, Phone: (303) 894-7800. The Division of Behavioral Health has the general responsibility for regulating practices of licensed substance use disorder treatment programs in the State of Colorado. Questions and complaints may be directed to: Colorado Department of Human Services, Division of Behavioral Health, 3824 W. Princeton Circle, Denver, CO 80236, (303) 866-7400
2. The regulatory requirements applicable to mental health professionals are listed on the OBH website
3. 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 registers, certifies, or licenses the registrant, certificate holder or licensee
4. 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 Section 12-43-218 of the Colorado Revised Statutes as well as other exceptions in Colorado and federal law. For example, mental health professionals are required to report child abuse to authorities. If a legal exception to confidentiality arises during therapy, if feasible, you will be informed accordingly

5. I understand that my alcohol and/or drug treatment records are protected under the Federal Confidentiality Regulation, 42 C.F.R., Part 2, governing Confidentiality of Alcohol and Drug Abuse Patient Records. Confidential information cannot be disclosed without my written permission unless otherwise provided for by the regulations
6. Any person who alleges that a mental professional has violated the licensing laws related to the maintenance of records of a client eighteen years of age or older, must file a complaint or other notice with the licensing board within seven years after the person discovered or reasonably should have discovered this. Pursuant to law, this practice will maintain records for a period of seven years commencing on the date of termination of services or on the date of last contact with the client, whichever is later. When the client is a child, the records must be retained for a period of seven years commencing either upon the last day of treatment or when the child reaches eighteen years of age, whichever comes later, but in no event shall records be kept for more than twelve years

I have read the preceding information and I understand my rights as a client or as the client's responsible party. Additionally, your signature below indicates that you have received a copy of the Notice of Privacy Practices pertaining to the HIPPA regulations. Exceptions to confidentiality may also be found in the Notice of Privacy Rights you were provided

Signature:

Jane Q Doe, Jr.

Date:

Completed in secure client portal

