

COLORADO DISCLOSURE STATEMENT

1. INFORMATION

Alison Dickson, MS, LMFT
Alison Dickson Counseling, PLLC

6170 Lehman Drive
Suite 105A
Colorado Springs, CO 80918

2. CREDENTIALS

Licensure: Marriage and Family Therapist MFT.0001711, State of Colorado
Marriage and Family Therapist MT3599, State of Florida

Degrees: Master of Science, Counseling Psychology: Mount Saint Mary's University
Los Angeles California 2015

Professional Experience:

I have completed my state-mandated two years of post-masters supervision and am fully licensed as a Marriage and Family Therapist in both Colorado and Florida. I have worked in the private and nonprofit sector, with foster families, addiction, couples, veterans, eating disorders, anxiety, trauma, caretaker burnout, disabilities, athletes, crisis of faith, grief, divorce, self-esteem, infertility, separation, relationship communication and stress, career counseling, anger management, premarital counseling, pet grief, emotional support animals, infidelity, weight-related issues, life transitions.

Certifications: Eating Disorder Intuitive Therapy (EDIT) Certified Clinician
ACE Certified Personal Trainer

Trauma-Focused Cognitive Behavioral Therapy Certified Clinician

3. REGULATION OF PSYCHOTHERAPISTS

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The regulatory boards can be reached at 1560 Broadway, Suite 1350, Denver, CO 80202, 303.894-7800. The regulatory requirements for mental health professionals provide that 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. A Licensed Social Worker must hold a master's 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 Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of

supervised experience. A 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, and 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 Registered Psychotherapist is 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.

4. **CLIENT RIGHTS AND IMPORTANT INFORMATION**

- a. You are entitled to receive information from me about my methods of therapy, the techniques I use, and the duration of your therapy, and my fee. Please ask if you would like to receive this information.
- b. You can seek a second opinion from another therapist or terminate therapy at any time.
- c. 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, certifies or registers the therapist.
- d. Generally speaking, information provided by and to a client in a professional relationship with a psychotherapist is legally confidential, and the therapist cannot disclose the information without the client's consent. There are several exceptions to confidentiality which include: (1) I am required to report any suspected incident of child abuse or neglect to law enforcement; (2) I am required to report any threat of imminent physical harm by a client to law enforcement and to the person(s) threatened; (3) I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or to others, or who is gravely disabled, as a result of a mental disorder; (4) I am required to report any suspected threat to national security to federal officials; (5) I am required to report abuse of an elder, who is 70 years of age or older, and also abuse of an at-risk adult with an Intellectual Developmental Disability (IDD), which I believe has probably occurred, including institutional neglect, physical injury, financial exploitation, or unreasonable restraint; and (6) I may be required by Court Order to disclose treatment information.
- e. When I am concerned about a client's safety, it is my policy to request a Welfare Check through local law enforcement. In doing so, I may disclose to law enforcement officers information concerning my concerns. By signing this Disclosure Statement and agreeing to treat with me, you consent to this practice, if it should become necessary.
- f. Under Colorado law, C.R.S. § 14-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, in compliance with Colorado law and HIPAA Standards.
- g. I agree not to record our sessions without your written consent; and you agree not to tape record a session or a conversation with me without my written consent.

5. DISCLOSURE REGARDING DIVORCE AND CUSTODY LITIGATION

If you are involved in divorce or custody litigation, my role as a therapist is not to make recommendations to the court concerning custody or parenting issues. By signing this Disclosure Statement, you agree not to subpoena me to court for testimony or for disclosure of treatment information in such litigation; and you agree not to request that I write any reports to the court or to your attorney, making recommendations concerning custody. .

6. CLIENT RECORD RETENTION POLICY

My records regarding the treatment of adults will be kept for 7 years after treatment ends or following our last session, but I may not retain them after 7 years. My records for treatment of minors will be kept for 7 years, beginning on the last date of treatment or for 7 years beginning on the date when the minor turns 18 years of age, whichever is later. In no event am I required to keep these records longer than 12 years.

INFORMED CONSENT FOR TREATMENT

I have read this Disclosure Statement, understand the disclosures that have been made, and acknowledge that a copy of it has been provided to me. I hereby provide consent for treatment of the following client(s):

Client Signature or Responsible Party

Date

Client Signature or Responsible Party

Date

Alison Dickson, MS, LMFT 3599 (Florida)
MFT.0001711 (Colorado)
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