

**Jordan Gorrell, Counselor, MA, NCC, LPCC**

**Sanctuary Counseling**  
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## **DISCLOSURE STATEMENT**

- Bachelor of Arts degree in History, Regis University received 2006.
- Master of Arts in Counseling, Regis University received 2016.
- Supervisor: Dr. Annamarie Fidel-Rice, PHD (720)319-4836, 5460 Ward Rd Suite 210 Arvada, CO 80002

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of psychotherapy. The agency within the Department that has specific responsibility for Licensed Professional Counselors is the State Grievance Board, Division for LPC. State Grievance Board, 1560 Broadway, Suite 1340, Denver, CO 80202, (303) 894-7766. 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 master's degree in their profession and have two years of post-masters supervision. A licensed professional counselor candidate (LPCC) is a mental health professional who holds a master's degree in their profession, is currently being supervised and working toward their LPC licensure. 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 hour and 1000 hour 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 2000 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 the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.

### **Client Rights and Important Information**

a. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of therapy (if I can determine it), and my fee structure. Please ask if you would like to receive more information than what has been covered in your initial consultation session.

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 therapist and client is never appropriate. If sexual intimacy occurs, it should be

reported to the State Grievance Board.

Generally speaking, information provided by and to a client during therapy sessions is legally confidential, and the therapist cannot disclose information without the client's consent. The therapist cannot be forced to disclose legally confidential information without the client's consent, with some exceptions. You should be aware that, except in the case of information given to a licensed psychologist, legal **confidentiality does not apply** in a criminal or delinquency proceeding.

There are other exceptions to confidentiality where I am required to report, such as intent to physically harm oneself or another human being (including reporting to the authorities and the person or place threatened), I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or others, or who is gravely disabled as a result of a mental disorder, suspected/alleged child abuse (even if revealed years after the occurrence), elder abuse, a court order, issues/threats related to National Security, and some issues related to HIV/AIDS. (Also see Privacy Notification).

If you have any questions or would like additional information, please feel free to ask.

**Disclosure Statement Acknowledgment**

**I have read the Disclosure Statement and understand my rights and responsibilities as a client. I have had an opportunity to ask questions.**

\_\_\_\_\_

\_\_\_\_\_  
Client Signature ( Parent or guardian if minor)

Date

\_\_\_\_\_  
Therapist Signature

Date

**NOTE:** Clients will be charged their fee for appointments unless cancellations are made at least 24 hours in advance