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**Mandatory Disclosure of Information Regarding the Practice of Mental Health Occupations**

Steve Portenga, Ph.D., CC-AASP

Education & Degrees:

**Ph.D. Doctor of Philosophy, University of Missouri-Columbia**

 Major: Counseling Psychology; Emphasis: Sport Psychology

**M.S. Master of Science, University of Utah**

 Major: Exercise & Sport Science; Emphasis: Psychosocial Aspects of Sport

**Licensure and Certification**

2009 **USOC Sport Psychology and Mental Training Registry**

2008 **Association for Applied Sport Psychology**: Certified Consultant, #282

2005 **State of Colorado**: Licensed Psychologist, #2922

**Please be aware of the following client rights:**

1. 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 Psychology can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.
2. As to the regulatory requirements applicable to mental health professionals: A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral  supervision.
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.
4. 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.
5. 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 suspected child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly.

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

Print Client’s Name

Client’s or Responsible Party’s Signature Date

If signed by Responsible Party, please state relationship to client and authority to consent: