

**Mandatory Disclosure Statement [C.R.S. 12-43-214]**

1. Name, Business Name, and Address: Nicole Woodman, MA. LPC; Bloom Counseling & Coaching, 9362 Teddy Lane, Suite 202, Lone Tree, CO 80124.

2. Levels of Regulation: 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 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 registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required. Please refer to the Mental Health Practice Act for further information regarding the regulation of mental health professionals.

3. Degrees, Credentials, Certifications, Registrations, and Licenses: Nicole Woodman, MA, LPC: Ms. Woodman has been a Licensed Professional Counselor since 2011 (Colorado License #5927). She obtained her B.A. from the University of Colorado in 2000, and her Masters in counseling from University of Colorado Denver in 2005. Ms. Woodman has been in private practice since early 2011. She is a Level One & Two Trained EMDR therapist, a trained Level One and Two Gottman therapist, a certified Yoga Instructor, a National Board Certified Counselor and a member of The American Counseling Association.

4. Regulation: 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 Board of Licensed Professional Counselor Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

5. Entitlement to Information: You are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure.

6. Second Opinion and Termination: You may seek a second opinion from another therapist or may terminate therapy at any time. You may request copies of your records and reports be sent to other professionals. You have the right to ask questions about counseling techniques and strategies and be informed of your progress. You have the right to be informed of the risks and benefits of any therapy technique and may refuse any such therapy technique.

7. Sexual Intimacy: In a professional relationship, sexual intimacy is never appropriate and should be reported to the regulatory board listed above.

8. Privilege and Confidentiality: The information you provide to a professional counselor during therapy sessions is legally confidential, except as provided in section C.R.S. 1243-218 and for certain other legal exceptions that will be identified by the licensed professional. These may include subpoenas in Court proceedings, including, but not limited to, child custody, criminal, and delinquency cases, or in cases of where the client may present a danger to self or others. Colorado law mandates that mental health professionals report all reasonable suspicions that a child or elder has been subject to abuse or neglect. When possible or practicable, exceptions regarding confidentiality will be discussed with you.

9. Emergency Contact: In the case of a mental health emergency, please contact: Highlands Behavioral Health System at (720) 348-2800, or call 9-1-1, or proceed to the nearest emergency room.

By signing this agreement, I affirm the above information has been provided to me verbally and in writing during my initial appointment with Nicole Woodman MA, LPC/Bloom Counseling and Coaching.

I have read the preceding information and understand my rights as a client.

Signature of Client (ages 15 and older) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Signature of Client (ages 15 and older)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Signature of Parent/Guardian (clients under 15)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Signature of Therapist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date