

MANDATORY DISCLOSURE STATEMENT

State of Colorado

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| Clinician Name: | Diane Semerak, MA, LPC |
| Degrees, Credentials, Registrations, Licenses: | Master's Degree in Counseling Psychology and Counselor Education (2000), Licensed Professional Counselor (2004), EMDR Certified Therapist (2011) |
| Education, Experience, Training | Diane earned her MA from the University of Colorado-Denver, and was licensed in Colorado as a Licensed Professional Counselor in 2004 (License #3846). She has worked in community mental health for over 18 years, with specialized training in the treatment of trauma and dissociation. She has worked with adults using mindfulness-based therapies such as Dialectical Behavior Therapy (DBT) and Cognitive Behavioral Therapy (CBT); Eye Movement Desensitization and Reprocessing (EMDR) Therapy, treatments for dissociation and complex PTSD, and Emotional Freedom Technique (EFT). |
| Business Street Address: | 981 Cowen Dr, Unit B4, Carbondale, CO 81623 |
| Business Phone: | 303-518-8949 |
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The practice of licensed or registered persons in the field of psychotherapy is regulated by the Department of Regulatory Agencies-Division of Registrations, Mental Health Section. Questions and complaints may be addressed to:

**Colorado State Department of Regulatory Agencies
State Board of Licensed Professional Counselor Examiners
1560 Broadway, Room 1350
Denver, Colorado 80202
(303) 894-7800**

You are entitled to obtain the name, business address, business phone number, and a listing of any degrees, credentials, certification, registrations, and licenses held or obtained, including education, experience and training for any psychotherapist who is providing psychotherapy services to you. Please contact me if you have any questions or need additional information in this regard.

As to the regulatory requirements applicable to mental health professionals:

- 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 masters 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 1,000 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.

I provide services in accordance with the following guidelines:

- You are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure.
- You may seek a second opinion from another therapist or may terminate therapy at any time.
- 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.
- The information provided by you during therapy is legally confidential except as required by law.
- If you participate in group therapy, it is necessary for you to agree to protect and respect the privacy of other group members. You need to agree not to share personal information, including the names of other group members, with people outside of the group. You may expect other group members to show the same respect for your confidentiality.

Treatment Agreement: I request services from Diane Semerak, MA, LPC, dba Mindful Journeys Counseling & Life Coaching.

Confidentiality: I understand that my records will be held in confidence according to Notice of Privacy Rights provided and as defined by the Division of Behavioral Health pursuant to Colorado Revised Statutes (CRS 27-10-101 et.seq. & Standard CF.1 et.seq.) and the Division of Alcohol and Drug Abuse pursuant to code of Federal Regulations (42 C.F.R. Part 2). There are exceptions to the rule of confidentiality that can be explained and will be identified to you should any such situations arise during therapy. In general, the exceptions include a "threat of serious harm to yourself or others" as in the case of child abuse, suicide, grave disability; medical emergencies; under a court order; or in response to any legal action taken by you against Diane Semerak or her business.

As a client, you have the following rights:

- You have the right to revoke this consent at any time.
- To receive treatment only if you or your legal guardian gives permission in writing.
- To be treated with respect and recognition of your need for dignity.
- To receive services based on your individual needs, in a setting which supports your individual freedoms.
- To actively participate with your provider in creating a plan for your care. To include other people you think would be helpful to you in creating your care plan.
- To confidentiality, and to expect that none of the information about your treatment will be given to anyone without your permission except as required by law.
- To refuse treatment unless you are court ordered to receive services and to be informed of the consequence of your refusal.
- To have your family members involved in your care, at your request. To be represented by your guardian in the case that you are unable to full participate in your treatment decisions.
- To inspect your records, or have them shown to anyone designated by you in writing. If you are denied access to records, to know why and how to appeal.
- To receive written information about Diane Semerak's services, practices and clinical guidelines.
- To not be discriminated against due to race or ethnicity, sex, age, disability, sexual orientation, genetic information or source of payment.
- To be informed of the rights in a way you understand.
- To complain about services at any time without retaliation.

I have been informed of my counselor's degrees, credentials, certifications, registrations, and licenses, as well as the education, experience, and training required for other types of mental health treatment providers. I hereby acknowledge I have read and received a copy of the information on both sides of this page. This information has also been provided to me verbally and I had any questions I had have been answered.

Client Signature

Date

Print Client Name

Clinician's Signature

Date