CLIENT DISCLOSURE STATEMENT

LAURIE McGEE, Ph.D. LPC

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CREDENTIALS

Licensure: Licensed Professional Counselor (1990 to present) Degrees: B.A. in Psychology, University of South Dakota M.A. in Counseling, University of Denver Ph.D., University of Denver

Professional Experience:

- Dean of Women at Colorado Women's' College, Denver, Colorado (1977-78)
- Marriage Counselor at The Family Life Center, Denver, Colorado (1978-79)
- Consultant at The Care Unit, Aurora, Colorado, assessing and providing therapy to clients with alcohol and drug problems, incest, sexual addiction, eating disorders and other mental health problems.
- Private practice, Denver, Colorado, providing marriage counseling, short-term psychotherapy, treatment of alcoholism and drug addiction, and treatment of problems related to incest, sexual abuse, eating disorders, depression and anxiety.

REGULATION OF PSYCHOTHERAPISTS

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, certified school psychologists, and unlicensed individuals who practice psychotherapy. The agency within the Department that has the responsibility specifically for licensed professional counselors is the Board of Licensed Professional Counselor Examiners, 1560 Broadway, Suite #1370, Denver, Colorado, 80202, (303) 894-7766.

CLIENT RIGHTS AND IMPORTANT INFORMATION

1. You are entitled to receive information from me about my methods of therapy, the techniques I use, and the duration of your therapy. Please ask if you would like to receive this information.

2. You can seek a second opinion from another therapist or terminate therapy at any time.

3. 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 Department of Regulatory Agencies.

4. 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; and (4) I am required to report any suspected threat to national security to federal officials.

I have read the preceding information and understand my rights as a client/patient. I also acknowledge that I have received a copy of this Disclosure Statement.

Client Signature

Date

Therapist

Date