

COLORADO MANDATORY DISCLOSURE STATEMENT FOR MENTAL HEALTH PROFESSIONALS

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I hold the following advanced degree:
MSW, Clinical Social Work, University of Denver (two years).

I hold the following license:
Licensed Clinical Social Worker (LCSW), which requires an MSW from a graduate school accredited by the Council on Social Work Education; two years Post-Masters supervised clinical experience; an examination; and the satisfaction of ongoing audited continuing competency requirements.

I hold the following board certification:
Board Certified Diplomate (BCD), which is granted by The American Board of Examiners in Clinical Social Work after five years Post-Masters experience; recommendations by peers; and an annual audited process certifying that diplomates meet standards for continuing education, currency of clinical practice, and state licensure in good standing.

Experience: I have been engaged in the practice of psychotherapy for 32 years.

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 Social Work Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. 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 Bachelors 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 Masters 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.

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.

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.

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 and the Notice of Privacy Rights you were provided, as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report child abuse to authorities. If you are gravely disabled or pose an immediate danger to yourself or others, I may also take action without your consent. If a legal exception arises during therapy, if feasible, you will be informed accordingly. I do consult with other professionals from time to time. When I do so I omit the client's name. These professionals are bound by the same legal regulations and ethical standards as I am.

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:
