

Amanda Linan | Mandatory Disclosure Form

I, the undersigned, do hereby acknowledge, understand, and consent to the following conditions of counseling or therapy for myself:

- The counseling and/or therapy I receive will be conducted by Amanda Linan, LSW with Principle Skills Relationship Center.
- Amanda Linan has the following degrees, credentials, and certifications:
 - LSW Licensure after passing the Clinical Social Work Exam
 - Masters of Social Work from the University of Denver
 - Bachelors of Psychology from the University of Colorado Boulder
 - Bachelors of Sociology from the University of Colorado Boulder
 - In process of obtaining Clinical Sex Therapy Certification from The Buehler Institute, an American Association of Sexuality Educators, Counselors, and Therapists (AASECT) approved program.
 - In process of obtaining Gottman Method Certification through The Gottman Institute with levels I and II already completed.
- Amanda Linan is receiving supervision from Caralee Frederic, LCSW, with Principle Skills Relationship Center. Supervision is designed to provide guidance and ensure competency, therefore information from sessions will be shared during supervision and is subject to the listed privacy practices for Principle Skills Relationship Center.
- Consultation and disclosures during the sessions between the therapist and client will be held in strict confidence, with the protection of the law, but also subject to it. I have the right to ask about the protection of the case records. I understand that when a client presents a physical danger to self or other or when child/elder abuse or neglect (including physical punishment, verbal abuse, sexual abuse, child pornography, denial of basic needs, etc.) is suspected mental health professions are required by law to inform potential victims and legal authorities so that protective measures can be taken. I understand that therapists are ethically required to consult with other mental health providers, when necessary, to ensure competence in my treatment. I further understand that any requests for obtaining medical or mental health information from others or releasing such information to others will be done only with my written consent. I have the ability to withdraw this consent at any time recognizing that I cannot undo any action taken before withdrawal.
- I understand that this counseling will utilize verbal psychotherapeutic techniques intended to assist me in growing as an individual, as a partner within a relationship, and/or as a member of a family or social group. I understand that I am able to request information about the methods of therapy and techniques used, including duration of therapy and fee structure.
- I understand that in this office, no nudity, no physical examination, nor any overt sexual behavior will be involved in the assessment and treatment of my sexual concern. Sexual intimacy is not permitted between therapist and client in any respect. Further, I understand that I will not be expected to engage in sexual activities at home that are against my moral or religious convictions, and I maintain the right to ask about the therapeutic purpose of any homework assignment given me.
- I understand that Amanda Linan is not a physician and cannot, therefore, prescribe medication.
- I understand that upon my request of assistance with a sexual concern, professionally

recognized procedures for the treatment of sexual dysfunction will be utilized. When clinically appropriate and with my consent, this treatment may involve the use of educational audiovisual materials of a sexually explicit nature, recommendations for reading, behavioral “homework” tasks, and other awareness and/or relaxation assignments.

- I understand that a counselor/therapist is a “consultant” and a resource professional only, and that the interventions and recommendations offered may be freely accepted or rejected. Therefore, decisions made during and after counseling are the responsibility of the patient, the couple, and/or the family.
- Mental health professionals are regulated by the Division of Professions and Occupations within the Department of Regulatory Agencies (DORA). DORA can be contacted at 1560 Broadway, Suite 1350, Denver, CO 80202, 303-894-7800. Regulatory requirements applicable to mental health professionals are as follows:
 - A Registered Psychotherapist is a psychotherapist listed in the State’s database and is authorized by law to practice psychotherapy in Colorado, but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.
 - A Certified Addiction Counselor I (CAC I) must be a high school graduate or equivalent, complete required training hours and 1,000 hours of supervised experience.
 - A Certified Addiction Counselor II (CAC II) must be a high school graduate or equivalent, complete the CAC I requirements, and obtain additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam.
 - A Certified Addiction Counselor III (CAC III) must have a bachelor’s degree in behavioral health, complete CAC II requirements, and complete additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam.
 - A Licensed Addiction Counselor must have a clinical master’s degree, meet the CAC III requirements, and pass a national exam.
 - 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 Licensed Marriage and Family Therapist must hold a master’s or doctoral degree in marriage and family counseling, have at least two years post-master’s or one year post-doctoral practice, and pass an exam in marriage and family therapy.
 - A Licensed Professional Counselor must hold a master’s or doctoral degree in professional counseling, have at least two years post-master’s or one year postdoctoral practice, and pass an exam in in professional counseling.
 - A Licensed Social Worker must hold a master’s degree from a graduate school of social work and pass an examination in social work.
 - A Licensed Clinical Social Worker must hold a master’s or doctorate degree from a graduate school of social work, practiced as a social worker for at least two years, and pass an examination in social work.
 - A Licensed Psychologist must hold a doctorate degree in psychology, have one year of post-doctoral supervision, and pass an examination in psychology.
- Each session will last for 50 minutes for individuals or 75 minutes for couples or the agreed upon time made during scheduling. The therapist will allow for more time when

needed, and I understand that I will be charged by the minute for the session. The session will be held for the agreed upon price of \$110 for individuals and \$165 for couples.

- I have been informed of the fee and payment arrangements. I agree to assume responsibility for that portion of the payment for which I am legally liable.
- I am responsible for the full fee if my appointment is not cancelled at least 24 hours in advance. If I arrive late or do not show, I am responsible to pay for the full session and will be charged on my credit card.
- I understand that I can seek a second opinion from another therapist and/or terminate my treatment at any time.

I affirm that I have read all the conditions above and that they have been fully explained to my satisfaction. I understand these conditions and my rights and agree to them freely and without reservation.

Print Client Name: _____

Client Signature: _____ Date: _____

Print Client Name: _____

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____