



Carleen Bryant, MS, NCC, LPC, LPC-MH

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MANDATORY DISCLOSURE STATEMENT

1. Credo Counseling, LLC 1003 Main Street #303 Grand Junction, CO 81501 970-986-8668
2. Explanations of the levels of regulation applicable to mental health professionals under the Mental Health Practice Act and the differences between licensure, registration, and certification, including the educational, experience, and training requirements applicable to the particular level of regulation.

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 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 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 (LPC) 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 professional counseling.

A Licensed Psychologist must hold a doctorate degree in psychology, have one year of post-doctoral supervision, and pass an examination in psychology.

3. Carleen M. Bryant holds the following certifications and degrees:

- ✓ Colorado Licensed Professional Counselor (LPC) certification January 14, 2019 LPC0015175
- ✓ Certified in Brainspotting November 22, 2016-present
- ✓ South Dakota Licensed Professional Counselor-Mental Health (LPC-MH) certification May 18, 2009 LPC-MH2182
- ✓ National Clinical Mental Health Counseling Examination (NCMHCE) certification March 7, 2009
- ✓ South Dakota Qualified Mental Health Professional (QMHP) certification December 1, 2008
- ✓ South Dakota Licensed Professional Counselor (LPC) certification January 18, 2008 LPC7024
- ✓ National Board for Certified Counselors (NCC) certification February 6, 2007 #221601
- ✓ South Dakota State University (SDSU) – Brookings, South Dakota September 2003-Summer 2006 MS Counseling and Human Resources Department (CHRD)
- ✓ Phi Kappa Phi Honor Society December 9, 2004
- ✓ California Clear Single Subject Teaching Credential #090020075 valid until April 1, 2024
- ✓ Chapman University – Victorville, California January 1988-October 1993 Part-time student
- ✓ University of California at Los Angeles (UCLA) July 1979-June 1983 BA Political Science

4. The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The Colorado State Board of Licensed Professional Counselor Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303)894-7800.

5. Carleen Bryant uses a variety of therapeutic methods and techniques, including, but not limited to: eclectic, person-centered, psychodynamic, Brainspotting, cognitive behavioral, narrative, solution-focused, relational, and mindfulness.

6. Clients will receive information regarding fees and cancelation policy separately.

7. Clients may seek a second opinion from another therapist or may terminate therapy at any time.

8. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licensed, registers, or certifies the licensee, registrant, or certificate holder.

9. Information provided by the client during therapy sessions is legally confidential in the case of licensed marriage and family therapists, social workers, professional counselors, and psychologists; licensed or certified addiction counselors; and registered psychotherapists, except as provided in § 12- 43-218 and except for certain legal exceptions that will be identified by the licensee, registrant, or certificate holder should any such situation arise during therapy.

INFORMED CONSENT FOR ADULTS

I understand that information provided within the counseling relationship will be strictly confidential. However, exceptions to confidentiality include the following:

1. If there is a danger to self or others. Confidentiality may be broken in order to protect self or others from harm.
2. Suspected cases of child abuse or neglect; suspected cases of abuse or neglect of an elder or an adult who is disabled. By law, information suggesting possible abuse or neglect must be reported to law enforcement, State's Attorney, and/or the Department of Social Services.
3. Information regarding diagnosis, treatment plan, etc. will be provided to insurance companies unless otherwise specified.
4. In instances of delinquent accounts, billing information will be provided to a third party for collection purposes. This will only take place after a final notice has been issued by Credo Counseling, LLC and no response has been received within the allowed time frame.
5. In instances where the court shall order the disclosure of otherwise privilege information.
6. In response to a subpoena for these records.
7. In some instances, it is helpful to consult with another therapist regarding the treatment of a client.

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

Print Clients Name _____

Client's Signature _____ Date _____

INFORMED CONSENT FOR MINORS

Client Name: _____ Date of Birth: _____ Age: _____

Legal Guardian Name: _____ Relationship to Client: _____

Psychotherapy with people of any age relies on the client’s confidence that what is shared with the therapist is private and confidential. While parents and guardians have a right to know general information about how therapy with their child is progressing, in signing this form you waive the right to know the private details of the child’s therapy, or to have access to the confidential therapy records of the child. A general summary can be provided at any time upon request.

Information provided within the counseling relationship will be strictly confidential. However, exceptions to confidentiality include the following:

1. If there is a danger to self or others. Confidentiality may be broken in order to protect self or others from harm.
2. Suspected cases of child abuse or neglect call 1-844-CO-4-Kids or 1-844-264-5437; suspected cases of abuse or neglect of an at-risk adult (a person age 18 or older) call the county department of human/social services where the adult resides; suspected cases of abuse or neglect of an at-risk elder (a person age 70 or over) or an at-risk adult with intellectual and developmental disabilities call the law enforcement agency where the individual resides. By law, information suggesting possible abuse or neglect must be reported.
3. Information regarding diagnosis, treatment plan, etc. will be provided to insurance companies unless otherwise specified.
4. Instances of delinquent accounts, billing information will be provided to a third party for collection purposes. This will only take place after a final notice has been issued by Credo Counseling, LLC and no response has been received within the allowed time frame.
5. Instances where the court shall order the disclosure of otherwise privileged information.
6. In response to a subpoena for these records.

7. In some instances, it is helpful to consult with another therapist regarding the treatment of a client.

By signing this form, I understand and agree to the above information. I also confirm that I am the legal guardian for the above-named minor.

I have read the preceding information and understand my rights as the client’s responsible party.

Print Client’s Name _____

Responsible Party’s Signature _____ Date _____

If signed by Responsible Party, please state relationship to client and authority to consent:
