



INFORMED CONSENT

1. Credo Counseling, LLC 4828 E. 57th St #3 Sioux Falls, SD 57108 #605.906.2520

Explanations of the levels of regulation applicable to mental health professionals under the Mental Health Practice Act and the difference between licensure, registration, and certification, including the educational experience, and training requirements applicable to the particulate level of regulation.

2. A Licensed Clinical Social Worker must hold a master's or doctorate degree from a graduate school of social work, practice as a social worker for at least two years, and pass an examination in social work.

Claire N. Bryant holds the following certifications, degrees, and trainings:

- Colorado Licensed Clinical Social Worker certification October 11, 2022 CSW.09928709
- Trained in Brainspotting 2018 – present
- South Dakota Certified Social Worker in Private or Independent Practice (CSW-PIP) certification October 4, 2022 CSW-PIP 6264
- South Dakota Certified Social Worker August 15, 2020 LCSW 5082
- Walden University – Minneapolis, MN April 2016 – May 2020 Masters of Social Work
- Phi Alpha Honor Society April 2018
- South Dakota State University (SDSU) – Brookings, SD August 2013 – December 2016 B.S. Interdisciplinary Studies, Minors in Sociology and Criminal Justice

Office Hours: Monday, Tuesday, Wednesday 8:00 am – 5:00 pm

Best way to contact email: 2credocounseling@gmail.com

3. 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 and the Colorado State Board of Social Work Examiners can be reached the 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303)894-7800 (Counselors) and (303)894-7766 (Social Workers).
4. Providers use 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.
5. Clients will receive information regarding fees and cancellation policy separately.
6. Clients may seek a second opinion from another therapist or may terminate therapy at any time.



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7. 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.

8. 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 counselor; 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. Instances where the court shall order the disclosure of otherwise privileged information.
6. In response to a subpoena for these records, Credo Counseling, LLC will claim privilege. Should the court issue a court order, Credo Counseling, LLC must comply. See financial policy for more details.
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 Client's Name: _____

Client's Signature: _____ Date: _____



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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:
