

### **Informed Consent and Disclosure:**

This informed consent and disclosure form provides you with information about Dr. Burlingame-Lee, her credentials, and her education. This form also contains the CO State Legal Disclosures detailing certain rights you have as a client. Please initial each of the items and sign and date the form below.

### **About Dr. Burlingame-Lee:**

\_\_\_\_\_ I (Dr. Burlingame-Lee) have a Doctorate (Ph.D.) in Counseling Psychology from Colorado State University (2008). I have a B.A. with honors in Psychology from Whitman College (1998.) I am a Licensed Psychologist in the State of Colorado, and my license # is: PSY.0004098

\_\_\_\_\_ Dr. Burlingame-Lee does not at this time accept or bill insurance companies. She will be happy to provide you with a form you may submit to your insurance company in order to obtain reimbursement for your expenses.

### **State Law Disclosures:**

- 1) You are entitled to receive information from your therapist about methods of therapy, the techniques used, and the duration of counseling (if known) and the fee structure. Your therapist should be willing and able to provide you with this information.
- 2) You can seek a second opinion from another therapist or terminate therapy at any time.
- 3) 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. This address and other contact information is below.
- 4) Any questions, concerns, or complaints regarding the practice of psychology and/or psychological services may be directed to:  
State of Colorado Board of Psychologist Examiners  
1560 Broadway, Suite 1340  
Denver, CO 80202  
(303) 894-7766

Their web site with information is located at:

<http://cdn.colorado.gov/cs/Satellite/DORA-Reg/CBON/DORA/1251632503189>

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The agency listed above can provide you with the appropriate contact information at your request.

### **Practice of Licensed or Registered Persons in the Field of Psychotherapy:**

\_\_\_\_\_ 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. 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 master’s 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 (CAC):
  - A 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 bachelor’s 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 master’s degree and meet the CAC III requirements.
- 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.

\_\_\_\_\_ I have read and understand both Dr. Burlingame-Lee’s credentials and the state law disclosures as detailed in this notice. I have been provided with a chance to ask any questions and address any concerns I may have about these disclosures and other policies. I understand that I have the right to file a complaint with both the licensing board and with the U.S. Department of Health and Human Services. Contact information for the Board of Psychologist Examiners for the State of CO has been provided to me.

**I will not retaliate against you for filing a complaint!**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date