

# ACCESS BEHAVIORAL CARE DISCLOSURE STATEMENT

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Clinician name:

Supervised by:

Degrees/credentials/licenses:

Business address:

Phone:

Persons who are both licensed and unlicensed in the field of psychotherapy are regulated by the Department of Regulatory Agencies Division of Professions and Occupations, Office of Licensing. Questions and complaints may be addressed to:

1560 Broadway, Room 1350  
Denver, CO 80202  
(303) 894-7800

You may also contact a representative if you have any concerns or complaints about the way you have been treated or about the services you have received. **Mail your written complaint or issue to:**

Access Behavioral Care  
P.O. Box 17580  
Denver, Colorado 80217-0580

**Or call:**

303-751-9030 or 1-800-984-9133 (Denver)  
970-221-8508 or 1-844-880-8508 (Northeast)

You also have the option of directly contacting the State of Colorado Mental Health Services Consumer Representative at 303-866-7424 or 1-800-811-7648 (toll free) if you have a complaint you wish to register.

**THE REGULATORY REQUIREMENTS APPLICABLE TO MENTAL HEALTH PROFESSIONALS ARE AS FOLLOWS:**

**Registered psychotherapist** must be listed in the State's database and authorized by law to practice psychotherapy in Colorado, but not licensed or certified by the State and not required to satisfy any standardized educational or testing requirements.

**Certified Addiction Counselor I (CAC I)** must be a high school graduate or the equivalent, complete required training hours and 1000 hours of clinically supervised work experience.

**Certified Addiction Counselor II (CAC II)** must be a high school graduate or the equivalent and meet the CAC I requirements, complete additional training hours above the CAC I, and 2000 hours of clinically supervised work experience.

**Certified Addiction Counselor III (CAC III)** must have a bachelor's degree in the behavioral health sciences or field, complete additional training above the CAC II, and 2000 hours of clinically supervised work experience.

**Licensed Addiction Counselor** must have a clinical master's degree, meet the CAC III requirements, and pass a national examination in addiction treatment.

**Licensed Social Worker** must hold a master's degree in social work.

**Psychologist Candidate, Marriage and Family 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.

**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.

**Licensed Psychologist** must hold a doctorate degree in psychology and have one year of post-doctoral supervision.



coaccess.com  
1-800-511-5010

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**AT ACCESS BEHAVIORAL CARE WE PROVIDE SERVICES IN ACCORDANCE WITH THE FOLLOWING GUIDELINES:**

- You are entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known.
- You may seek a second opinion from another therapist or may terminate therapy at any time.
- In a professional relationship, sexual intimacy is never appropriate and is illegal. It should be reported to the State of Colorado Grievance Board immediately.
- The information provided by you during therapy is legally confidential. There are exceptions to this confidentiality, some of which are listed in Section 12-43-218 of the Colorado Revised Statutes and the HIPAA Notice of Privacy Practices you were provided, as well as other exceptions in Colorado and federal law.
- If you participate in group therapy, it is necessary for you to agree to protect and respect the privacy of other group members. You need to agree not to share personal information, including the names of other group members, with people outside of the group. You may expect other group members to show the same respect for your confidentiality.
- You have the right to a choice of provider, based on gender preference, cultural/ethnic preference, or other preferences you indicate at the time of intake/assessment. We will do our best to provide a therapist who meets your preferences and needs.
- You have the option to request an exemption from our program (to request to receive your services outside of our system). However, we caution you that by being granted an exemption, you may not receive the best continuum of care or services.

**FOLLOW UP**

I understand that Access Behavioral Care may contact me during treatment and/or after termination of treatment to gather information needed for follow-up and evaluation of services.

**DESTRUCTION OF RECORDS**

I understand that the clinical records from this treatment may be destroyed if no further treatment is rendered within seven years of the date of termination of the last episode of care or on the date of last contact with the member, whichever is later (or seven years from the date member reaches age 18, if member is a minor).

**CONFIDENTIALITY**

I understand that my records will be held in confidence according to Access Behavioral Care policies and as defined by the Colorado Department of Human Services pursuant to Colorado Revised Statutes (CRS 27-65-101 et.seq. & Standard CF.1 et.seq) and the Division of Alcohol and Drug Abuse pursuant to the code of Federal Regulations (42 C.F.R. Part 2). There are exceptions to the rule of confidentiality which can be explained and will be identified to me should any such situations arise during therapy. In general, the exceptions include a “threat of serious harm to myself or others” as in the case of child abuse, suicide, grave disability; under a court order; or in response to any legal action by you against this agency. I understand that Access Behavioral Care will have limited access to my records in order to arrange and accommodate for my treatment and services.

**AS A MEMBER, YOU HAVE THE FOLLOWING RIGHTS:**

- The right to be treated with respect and dignity.
- The right to receive services which are suited to individual needs, and in the least restrictive setting in keeping with available resources.
- The right to have a service/treatment plan established and to participate in the decision making process in developing the service plan.
- The right, at your request and possible expense, to consult with a specialist about your service/treatment plan.



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- The right to have the clinical person who is in charge of treatment explain the procedures and medications that will be used, including the benefits, any risks, and the possible side effects, and to be given information regarding alternative treatment procedures, if any.
  - The right to refuse services unless an emergency exists or a court order is in effect.
  - The right to have treatment and clinical records kept confidential except when the release of such information is authorized by law, or by the member.
  - The right to inspect your records, or have them shown to any person designated in writing by the member according to Colorado law; if denied access to records, the right to know why and the right to appeal the decision.
  - The right to complain or grieve about the services, or about the denial of services or treatment rights. No retaliation can be made for complaining.
  - The right to receive assistance from a Consumer Representative or Ombudsperson (consumer advocate) in making complaints or grievances and to receive copies of the complaint/grievance procedures.
  - The right to be given the names and professional status of the staff members responsible for your care.
  - The right to be given reasons for proposed changes in the clinical staff responsible for your care, or changes in programming.
  - The right to terminate the receipt of services from the organization unless there is an involuntary treatment order from the court.
  - The right to have a staff person or a Consumer Representative explain these rights in a language you are able to understand.
  - The right to a candid discussion of appropriate and necessary treatment options for your condition.

I have been informed of my provider's degrees, credentials and licenses. I have also read and received a copy of the information in this document. I understand my rights as a member of the Access Behavioral Care program.

I understand that my consent to any of the items above can be revoked at any time by me.

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Member name (please print) Date

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Member signature (or parent/guardian signature if member is under 18) Date

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Clinician signature Date