

Abundant Living Health Services

Serving Northern Colorado
(970) 699-6470
www.abundantlivinghealth.services.co

Mandatory Disclosure of Information

This form provides you with important information about the practice and regulation of psychology.

1. Dr. Alicia Young has practice psychotherapy for over 15 years.

✚ Degrees:

- B.A. in Psychology, University of MT, 1998
- M.A. in Psychology, Fuller School of Psychology, 2001
- M.A.C.L in Christian Leadership, Fuller Theological Seminary, 2002
- Ph.D. in Clinical Psychology, Fuller School of Psychology, 2005 (Training included 4 years of part time supervised clinical and assessment work).

✚ Dr. Young completed her internship at Milton Hershey School in Hershey, PA where she received one year of full-time training in the assessment and psychological treatment of youth aged 4 to 18.

✚ Dr. Young completed her 2-year post-doctoral residency at Psychological Health Affiliates in Manheim, PA where she received full-time training in the assessment and psychological treatment across the lifespan.

✚ She practiced as a licensed psychologist in PA from 10/2007 to 06/2015.

✚ She obtained her CO licensure July of 2015.

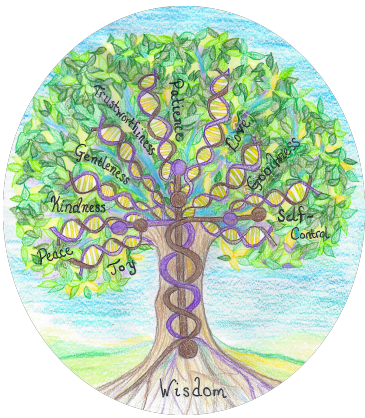
2. The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The Board of Psychologist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

✚ As to the regulatory requirements applicable to mental health professionals:

- A registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.
- A Certified Addiction Counselor I (CACI) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience. A CACII must complete additional required training hours and 2000 hours of supervised experiences. A CACIII must have a bachelors 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 masters degree and meet the CACIII requirements.
- A Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision.
- 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 require supervision for licensure.
- A licensed Social Worker must hold a masters degree in social work.
- A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision

3. You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy (if known), and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time.

4. 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.



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5. Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes, and by the HIPAA Notice of Privacy Rights with which you were provided as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: <http://www.dora.state.co.us/mental-health/Statute.pdf>.

I have read and understand the proceeding information. It has also been provided to me verbally, and I understand my rights as a patient or the patient's responsible party.

Patient's Printed Name

Patient/Responsible Party's Signature

Date

The form was verbally reviewed by:

Clinician Signature