

## 1. INFORMATION

Win Winsor  
Buckingham Psychological Services  
15101 E. Iliff Ave. #220  
Aurora, Colorado 80014  
303 750-7411

## 2. CREDENTIALS

Licensure: LPC #0004369, LAC #000021 \_\_\_\_\_  
Degrees: MA Counseling Psychology \_\_\_\_\_  
Professional Experience: Registered Psychotherapist from 1989

## 3. REGULATION OF PSYCHOTHERAPIST

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The regulatory boards can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202. (303) 894-7800. The regulatory requirements for mental health professional provide that 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-master's supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctorial supervision. A Licensed Social Worker must hold a master's 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 I (CACI) must be high school graduate, and complete required training hours and 1000 hours of supervised experience. A CAC II must complete additional required training hours and 2000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health and complete additional required training hours and 2000 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 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.

## 4. CLIENT RIGHT AND IMPROTANT INFORMATION

- A. You are entitled to receive information from me about my methods of therapy, the techniques I use, and the duration of your therapy, and my fee. Please ask if you would like to receive this information.
- B. You can seek a second opinion from another therapist or terminate therapy at any time.
- C. In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Board that licenses certifies or registers the therapist.
- D. Generally speaking, information provided by and to a client in a professional relationship with a psychotherapist is legally confidential, and the therapist cannot disclose the information without the client's consent. There are several exceptions to confidentiality which include: (1) I am required to report any suspected incident of **elder, IDD, and child abuse or neglect** to law enforcement; (2) I am required to report any threat of imminent physical harm by a client to law enforcement and to the person(s) threatened; (3) I am

required to initiate a mental health evaluation of a client who is imminently dangerous to self or to others, or who is gravely disabled, s a result of mental disorder; (4) I am required to report any suspected threat to national security to federal officials; (5) **I am required by HB 14-1271 to report any threats against locations such as churches, schools, theatres, workplaces, etc. to law enforcement**, and (6) I may be required by Court Order to disclose treatment information.

- E. When I am concerned about a client’s safety, it is my policy to request a Welfare Check through local law enforcement. In doing so, I may disclose to law enforcement officer’s information related to my concerns. By signing this Disclosure Statement and agreeing to treat with me, you consent to this practice, if it should become necessary.
- F. Under Colorado law C.R.S. 14-10-123.8. parents have the right to access mental health treatment information concerning their minor children unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, in compliance with Colorado law and HIPAA Standards.
- G. I am under clinical supervision. My clinical supervision is Michell Brown-Alford LPC. **Mrs. Brown-Alford** will be receiving information concerning your treatment and will be consulting with me so that you will receive the best care that we can provide.
- H. As required by **HB17-1011** I am informing you that your client records will be destroyed 7 years after the termination of psychotherapy as pursuant to DORA Rules and the Colorado Mental Health Practice ACT. Colorado law, **CRS 12-43-218, allows confidentiality to be breached if a mental health professional believe a client is a potential school shooter.**
- I. **Client will be charged a \$75.00 no show fee if they fail to cancel an appointment within 24 hours of scheduled appointment time.**

**5. DISCLOSURE REGARDING DIVORCE AND CUSTODY LITIGATION**

If you are involved in divorce or custody litigation my role as a therapist is not to make recommendations to the court concerning custody or parenting issues. By signing this Disclosure Statement you agree not to subpoena me to court for testimony or for disclosure of treatment information in such litigation; and you agree not to request that I write any reports to the court or to your attorney, making recommendations concerning custody. The court can appoint professionals, who have no prior relationship with family members to conduct and investigate or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family’s children.

I have read the preceding information, and it has been presented to me verbally. I understand the disclosure that have been made to me. I also acknowledge that I have received a copy of this Disclosure Statement.

Print Client’s Name \_\_\_\_\_

\_\_\_\_\_  
Client Signature or Responsible Party

\_\_\_\_\_  
Date