

## DISCLOSURE STATEMENT

Clinician's Name: **Paula DeFrisco**

Clinician's Degrees, Credentials, Licenses: **M.S.W., University of Denver, 1999; L.C.S.W., California License # LCS 27899; Colorado License # 99281**

Business Phone: **805-235-2800**

The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the California Board of Behavioral Sciences. The California Board of Behavioral Sciences is located at 1625 North Market Blvd, Suite #S-200, Sacramento, CA 95834. The phone Number is 916-514-7830.

Generally speaking, the information provided by and to a client(s) during therapy sessions is legally confidentially if the therapist is a certified school psychologist, a licensed clinical social worker, a licensed marriage and family therapist, a licensed professional counselor, a licensed psychologist or an unlicensed psychotherapist practicing under the supervision of a licensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent. A release of information signed by a client(s) is required in order for a therapist to obtain or release any information regarding a client's therapy. There are exceptions to the general rule of legal confidentiality as required by law, including: reporting child abuse, reporting and preventing threats to harm self or others (suicide, homicide), responding to a court subpoena/order, and in response to legal action. If a client participates in psychoeducational groups and/or group therapy, it is necessary for the client(s) to agree to protect and respect the privacy of other group members. Client(s) need to agree not to share personal information, including the names of other group members, with people outside of the group.

You are entitled to receive information about a therapist's methods of therapy, techniques used, duration of therapy (if known) and the fee structure. You may seek a second opinion from another therapist or you may terminate therapy at any time. In addition, sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the State Grievance Board. If you have any questions or would like additional information, please feel free to inquire.

I have read all the preceding information and understand my rights as a client.

Client Signature(s): \_\_\_\_\_

\_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_