



CLIENT DISCLOSURE STATEMENT

Therapist: S. David Clift-Willoughby, MA, DAACS

Education

- Certificate in Sex Therapy, June 2009
Colorado School for Family Therapy
- Master of Arts in Counseling Psychology/ Counselor Education, August 2008
University of Colorado at Denver & Health Sciences Center
- Bachelor of Arts in Humanities, December 1997
Houghton College, Houghton NY

Professional Licenses, Certifications, Registrations, and Trainings

- Diplomat of the American Association of Clinical Sexologists, 2009
- Cultural Dynamics Education Project, 2000
Department of Human Services, State of Minnesota, Minneapolis MN
- Befriender Ministries Training, 2002
Oasis Reflection; St Paul MN
- Creating a Culture of Nonviolence Training, 2002
Fellowship of Reconciliation, Nyack NY
- Group Facilitation Methods Training, 2003
Institute for Cultural Affairs, Phoenix AZ

Professional Memberships and Affiliations

- American Association of Marriage and Family Therapists; Member (2006 – Present)

Client Rights and Important Information

- You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy if I can determine it, and my fee structure. Please ask if you would like to receive this information.
- You can seek a second opinion from another therapist or terminate therapy at any time.
- 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 Department of Regulatory Agencies, Mental Health Section.
- Generally speaking, information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed social worker, a licensed marriage and family therapist, a licensed professional counselor, a licensed psychologist, or an unlicensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent. Information disclosed to a licensed social worker, a licensed marriage and family therapist, a licensed professional counselor, a licensed psychologist, or an unlicensed psychotherapist is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates.



- There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes. You should be aware that, except in the case of information given to a licensed psychologist, legal confidentiality does not apply in a criminal or delinquency proceeding. There are other exceptions that I will identify to you as the situations arise during therapy.
 - General Exception to Confidentiality: Because I am working toward licensure, the services I offer to you are required to be supervised by a credentialed and licensed psychotherapist. Being supervised entails discussing the details of your case with him/her so that the services I provide are of the highest quality possible. You have the right to enquire at any time about my supervisor and his/her credentials.

Regulatory Agency

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, and unlicensed individuals who practice psychotherapy. The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the Department of Regulatory Agencies, Mental Health Section. Any questions, concerns, or complaints regarding the practice of mental health may be directed to them at:

**State of Colorado Department of Regulatory Agencies
Mental Health Section
1560 Broadway, Suite #1350
Denver CO 80202
303.894.7766
www.dora.state.co.us/registrations**

If you have any questions or would like additional information, please feel free to ask.

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

Client Name: _____

Client Signature: _____ Date: _____

Therapist/Witness: _____ Date: _____