

JOANNA C. IOANNIDES, LCSW

DISCLOSURE STATEMENT

Joanna C. Ioannides, Masters of Social Work (MSW), Licensed Clinical Social Worker (LCSW)

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed clinical social workers, licensed professional counselors, and unlicensed individuals that practice psychotherapy. If you feel your rights have been violated, or have concerns about my practice, please contact:

Colorado State Board of Social Work Examiners

1560 Broadway Ste 1350

Denver, CO 80202

Clients Rights and Information

- 1). 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.
- 2). You may seek a second opinion from another therapist or terminate therapy at any time. Please Note: if your situation is involved with the Department of Human Services, then your Social Case Worker may have expectations about your involvement in therapy. Please consult that individual if that is the case.
- 3). In a professional relationship, sexual intimacy between client and therapist is never appropriate. If sexual intimacy occurs, it should be reported to the State Grievance Board.
- 4). Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a certified school psychologist, licensed clinical social worker, a licensed psychologist, a licensed marriage and family therapist, a licensed professional counselor, 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.

There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (see section 12-43-218, C.R.S., in particular). They include but are not limited to situations in which you or others are at serious risk; examples include risk to harm yourself (suicidality), harm to others (homicidality); reports of child abuse and/ or neglect, reports of domestic violence or grave disability. 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.

5). If you have any questions or would like additional information, please feel free to ask. By initialing and signing below I indicate:

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

_____ I have been offered a copy of the NOTICE OF PRIVACY RIGHTS and received a copy if I desire one; and

_____ I have been informed of my clinician's degrees, credentials and licenses.

Print Client Name

Client Signature

Date

Joanna C. Ioannides, LCSW

Date

