

TREVOR GRAHAM, PSY.D.
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DISCLOSURE INFORMATION

Colorado state law requires that I provide you with a disclosure statement outlining my credentials as a therapist and your rights as a client. If you have any questions about the material contained in this statement or about any aspect of your work with me, please ask.

Education and Training: I have Doctorate in clinical psychology (Psy.D.) from the Wright Institute in Berkeley, CA. In addition, I have a B.A. degree in Kinesiology from the University of Colorado, Boulder.

Regulation: As to the regulatory requirements applicable to mental health professionals: 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 Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a masters 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 (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III 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 CAC III requirements. 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. **I am a Licensed Clinical Psychologist**

The practice of licensed persons in the field of psychotherapy is regulated by the Mental Health Section of the Division of Registrations, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. In communications with the state of Colorado regarding me, please use my legal name, **Trevor A. Graham, and my license number: PSY 3201.**

General Information:

- As a client you are entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy (if known), as well as the fee structure. You may seek a second opinion from another therapist or terminate therapy at any time. I ask that when you decide to terminate therapy that you discuss your decision with me and, if possible, do it within a session.

- In a professional relationship, such as ours, sexual intimacy is never appropriate and should be immediately reported to the board that licenses, registers, or certifies the licensee, registrant, or certificate holder.

Confidentiality: Generally speaking, information provided by you and to you during therapy sessions is legally confidential and cannot be released without your consent. Exceptions to this confidentiality, some of which are listed in Colorado statute 12-43-218), include the requirement that mental health professionals report child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly. Additionally, your case may be discussed, without identifying information, in my consultation with colleagues.

If you have any questions or would like additional information now or at any time during our work together, please feel free to ask.

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

Client name: _____

Client signature: _____ Date: _____

Therapist's signature: _____ Date: _____