

# Disclosure Statement

1. Kellyn Glynn Counseling, LLC  
Breckenridge, Colorado  
720-722-1241  
[kellyn.glynn@gmail.com](mailto:kellyn.glynn@gmail.com)
  
2. Bachelor of Arts in Psychology- Albion College  
Master of Arts in Counseling- Oakland University  
Nationally Certified Counselor  
Licensed Professional Counselor- Colorado 6350
  
3. 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 Board of Professional Counselors Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals:
  - 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.
  
4. You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy (if known), and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time.
  
5. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.
  
6. Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes, as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: <http://www.dora.state.co.us/mental-health/Statute.pdf>.

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client's responsible party.

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Print Client's name

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Client's or Responsible Party's Signature

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Date

If signed by Responsible Party, please state relationship to client and authority to consent:

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