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DISCLOSURE STATEMENT

DEGREES AND CREDENTIALS

- **Licensed Clinical Psychologist - State of Colorado - License #3671**
- **PSYD - Clinical Psychology, Chicago School of Professional Psychology, 2005**
- **BS-Psychology, Xavier University, 2000**

The practice of both licensed and unlicensed psychotherapists is regulated by the Department of Regulatory Agencies under **CRS 12.43.214 (1)(c)**. Questions or complaints may be addressed to:

Colorado State Grievance Board
1560 Broadway, Suite 1340
Denver, CO 80202
P: (303) 894-7760

Under this statute, **12.43.214 (1)(d) CRS**, you are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy (if known), and the fee structure. You may seek a second opinion from another therapist or may terminate therapy at any time. In a professional relationship, sexual intimacy is inappropriate and should be reported to the Grievance Board.

12.43.214 (1)(d) CRS states that information provided by a client during therapy sessions is legally confidential in the case of licensed clinical social workers, except as provided in section **12.43.218** and except for certain legal exceptions which will be identified by the licensee should any such situation arise during therapy.

I have been informed of my therapist's degrees, credentials, and licenses. I have also read the preceding information and understand my rights and responsibilities as a client.

Client Name (Printed):

Client Signature:

Date:

Therapist's Signature:

Date: