

DISCLOSURE STATEMENT (Every client age 15 and older needs to complete pg. 2.)

1. Lana Isaacson, LLC, 720 Kipling Street #113 Lakewood, CO Phone: 720.432.5262

**2. Education and Professional Training:**

Certificate as a PACT Level I Therapist (Psychobiological Approach to Couples Therapy), Boulder, CO  
 Certificate in Marriage and Family Therapy, Denver Family Institute, Denver, CO  
 Certificate of Yoga Instruction, Axis Yoga Trainings, Denver, CO  
 Certificate of Substance Abuse & Addiction Counseling, Des Plaines, IL & Odyssey Training Center, Denver, CO  
 Master of Social Work, Loyola University, Chicago, IL  
 Bachelor of Science, Special Education, University of Wisconsin-Madison

**Licensure/Certification in Colorado:**

Certificate in Marriage and Family Therapy, granted 8/27/2016. Requirements: 14 courses (260 in class hours), 7 practicum quarters (2 school years & 1 summer), minimum of 500 clinical hours (I did 1,081), and a minimum of 50 individual and 70 group supervision hours, & 10 “live” supervision sessions (I did 14).

Certified Addictions Counselor, Level III, granted 1/11/2011 #7085. Requirements: jurisprudence exam, 5000 hours of appropriately supervised work experience, plus specific DBH approved trainings and 49 hours of elective classes

Licensed Clinical Social Worker, granted 11/6/2009 #1434. Requirements: jurisprudence exam, clinical exam by the Association of Social Work Boards (ASWB), 3360 clock hours of supervised post-graduate work experience over 24 months, 96 clock hours of post-degree supervision over 24 months with a Licensed Clinical Social Worker. Forty professional development hours over 24 month period for continuing education and license renewal.

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 Clinical Social Worker and Certified Addiction Counselor Examiners** can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. You can also verify the status of my licenses at: <https://www.colorado.gov/dora/licensing/lookup/licenselookup.aspx>

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 must be a high school graduate, and complete required training hours and 1,000 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, & no degree, training or experience is required.

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, no dual relationships, with sexual intimacy being the most extreme case, are ever 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, [If you are HIPAA covered add: “and the Notice of Privacy Rights you were provided”] as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly.

7. When I am working with couples, if I hear that one partner is having an active affair, I will pause the couples therapy until the affair has ended. This is my practice for domestic violence and other major barriers to intimacy as well. During this pause, I can link each partner to other individual therapists and other supportive resources.

8. If you are involved in a divorce or custody litigation, you need to understand that *my role as a therapist is not to make recommendations for the court* concerning custody or parenting issues or to testify in court concerning opinions on issues involved in the litigation. By signing this disclosure statement, you agree not to call me as a witness in any such litigation. Experience has shown that testimony by therapists in domestic cases causes damage to the clinical relationship between a therapist and client. Only court-appointed experts, investigators, or evaluators can make recommendations to the court on disputed issues concerning parental responsibilities and parenting plans.

**I have read the preceding information (pg. 1 & 2) on the Disclosure Statement. It has also been provided verbally, and I understand my rights as a client or as the client's responsible party.**

**I request and consent to counseling sessions with Lana Isaacson, LCSW, CAC III (for myself or minor).**

\_\_\_\_\_  
Print Client Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Signature (or **Responsible Party** if Client is 14 or younger)

\_\_\_\_\_  
Date

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

**Client Contact Information** (*only* write a phone number below that it is okay to contact you at)

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Date of Birth & **Age**

\_\_\_\_\_  
Street Address, **City, State, & Zip Code**

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_ Do \_\_\_\_\_ Do not leave messages on an answering machine/voice mail.

\_\_\_\_\_ Do \_\_\_\_\_ Do not leave messages with any other person

If yes, name(s) of people: \_\_\_\_\_

**EMERGENCY CONTACT – This section must be completed with a LOCAL contact name**

I may take some action, such as seek an order for your emergency or involuntary commitment, without your consent if I deem you to be a serious harm to yourself or another. Any action I take without your consent will be discussed with you. I may also decide it's necessary to contact one of your friends or relatives if I become alarmed about your safety. Please write down the name and information of at least one local emergency contact. By providing this information, you are also giving me permission to use it if I feel an emergency situation has developed.

Name \_\_\_\_\_

Phone# \_\_\_\_\_ Relationship \_\_\_\_\_