

# DISCLOSURE STATEMENT

Leona Furnari, M.S.W., L.C.S.W.  
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## Degrees and Credentials

M.S.W., University of Denver, 1995  
Licensed Clinical Social Worker  
EMDR/IA-Approved Consultant and Therapist

## License

Colorado No. 991943

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

Colorado Department of Regulatory Agencies  
Mental Health Licensing Section  
1560 Broadway, Suite 1340  
Denver, CO 80202  
(303) 894-7766 [www.dora.state.co.us](http://www.dora.state.co.us)

**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 Colorado Department of Regulatory Agencies – Mental Health Licensing Section.

**12.43.214 (1)(d) CRS:** The 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, including suspected child abuse reporting, life threatening situations, criminal and delinquency proceedings, and as required by your insurance company or business associates contracted to provide billing services.

*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/ Guardian for Minor (print)

\_\_\_\_\_  
Client Signature/Guardian for Minor date

\_\_\_\_\_  
Leona Furnari, LCSW  
Therapist Name

\_\_\_\_\_  
Therapist Signature date