

DISCLOSURE STATEMENT

Leona Furnari, M.S.W., L.C.S.W.
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303-444-0992

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

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