

# INTERACTIONS COUNSELING P. C.

Ellen Berk, LCSW, BCD

7700 E. Arapahoe Rd., Ste. 260

Centennial, CO 80112-1268

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*Please sign page 2 and return. Keep page 1.*

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## **Mandatory Disclosure of Information to Clients of Ellen Berk, LCSW, BCD**

To My Clients:

C. R. S. 12-43-214 requires that I, as a licensed psychotherapist, provide the following items of information to you as a client:

1. My name is: Ellen Berk, LCSW, BCD  
My business address is: 7700 E. Arapahoe Rd., Ste. 260  
Centennial, CO 80112-1268  
Office telephone: 303.796.7908
  
2. My Degrees, credentials and licenses:  
Bachelor of Arts, Psychology, 1978, University of Denver,  
Master of Social Work, 1991, University of Denver. Licensed Clinical Social Worker,  
Colorado license #991154. Board Certified Diplomate, #27276
  
3. The practice of both licensed and unlicensed persons and certified school  
psychologists in the field of psychotherapy is regulated by the Department of Regulatory  
Agencies of the State of Colorado. The address and telephone number of the Department  
is:  
Department of Regulatory Agencies  
Mental Health Section  
1560 Broadway, Suite 1370  
Denver, Colorado 80202  
303.894.7766
  
4. (a) You are entitled to receive information about the methods of therapy, the  
techniques used, the duration of therapy, if known, and the fee structure.  
(b) You may obtain a second opinion from another therapist or may terminate  
therapy at any time.  
(c) In a professional relationship, sexual intimacy is never appropriate and it should be  
reported to the Colorado State Grievance Board.  
(d) The information which you provide during therapy sessions is legally confidential,  
subject to various exceptions as provided under law. Should an occasion arise during the  
course of therapy when the law requires disclosure of information which you have  
provided to me in confidence during therapy, then I will advise you and identify the  
exception which I believe to apply.

If you have questions about any of these matters, please ask, and I will be happy to explain them to you.

Sincerely,

Ellen Berk, LCSW, BCD  
Director  
Interactions Counseling P. C.  
7700 E. Arapahoe Rd., Ste. 260  
Centennial, CO 80112-1268  
Phone: 303.796.7908 Fax: 303.796.7115  
Email: ellen.berk@earthlink.net

ACKNOWLEDGMENT BY CLIENT:

I acknowledge receipt of the foregoing Mandatory Disclosure of information to clients. I have had an opportunity to review the statements and to ask any questions of my therapist about the statements in this disclosure form.

Date: \_\_\_\_\_ Client Signature \_\_\_\_\_

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