

Lauri L. Korinek, Ph.D., LLC, PC
Licensed Psychologist, Neuropsychologist

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ASSESSMENT DISCLOSURE STATEMENT

Degrees and Credentials

I am a Licensed Psychologist, Colorado License #3028. I have a doctorate in Counseling Psychology from this University of Denver, a Master's Degree in Counseling from Denver Seminary, and a Bachelor's Degree from Baylor University and Metropolitan State College. In addition, I have completed the Postdoctoral Certificate Program in Neuropsychology at Fielding Graduate Institute. As part of my commitment to quality therapeutic care, I participate in a peer consultation group. I also consult with Arnold Purisch, Ph.D., a neuropsychologist who is board certified by ABPP-CN and ABPN, for neuropsychological evaluations.

I would like to bring to your attention that there are several therapists in this building; however, our practices are unrelated other than by location.

Emergency Procedures

I have limited my practice to clients who are not in need of 24-hour care. I will try to return calls by the next business day, Monday through Friday, 9 a.m. to 6 p.m. I do not carry a pager. In an emergency situation, if you are unable to reach me at 303-804-5669 you should go to the nearest hospital emergency department for evaluation, call 911, or call the county crisis line in your county.

Client Rights and Information

- 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 Psychologists Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. 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 master's 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 master's 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 (CAC 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 bachelor's 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 master's degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

- 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.
- In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.
- Generally speaking, the information provided by and to the client during assessment 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 12-43-21 of the Colorado Revised Statutes as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly.

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client's responsible party.

Print Client's name

Client's or Responsible Party's Signature

Date

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