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Denver Area Testing Consortium Disclosure Statement

As you or your child are about to receive psychological services, I would like to provide some important information about treatment, my credentials and my training.

My educational background and degrees are:

A.B. in Psychology, Duke University, May 1988
M.A. in Child Clinical Psychology, University of Denver, February 1993
Ph.D. in Child Clinical Psychology, University of Denver, August 1997
Internship in Clinical Psychology, Stanford University, July 1997

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Section of the Division of Registrations. The Board of Psychologist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, CO 80202, (303) 894-7800. If you have any concerns or complaints regarding treatment, you can contact them. 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 at least 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 (CAC I) must be a high school graduate, and complete required training hours and 1000 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, and no degree, training or experience is required.

Client rights and important information

(1) You are entitled to receive information from me about my methods and duration of this assessment, and my fee structure (\$170 for the standard DATC assessment). Please ask if you would like to receive any additional information. You can seek a second opinion from another evaluator/therapist or terminate these services at any time.

(2) I will send a summary sheet to you describing the general results of this testing. Please refer to the rules for the Denver Area Testing Consortium. It is important to note that to discuss your child's results, you are expected to contact an admission counselor at one of the schools to which you are applying. If you prefer to discuss the results at greater length with me, you may arrange a separate interpretive session for an additional fee (currently \$170.00/hour).

(3) In a professional relationship (such as ours), sexual intimacy between a therapist and a client is **never** appropriate. If sexual intimacy occurs, it should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

(4) Under the Colorado Mental Health Practice Statute, I am required to notify you in writing that as a licensee, registrant, or certificate holder I may not maintain your record after the seven-year period required for filing a complaint pursuant to section 12-43- 224(1)(a)(I).

Confidentiality

Generally speaking, information provided by and to a client during therapy sessions and assessments are legally confidential. Therefore I cannot be forced to disclose the information without the client's consent. There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (see section 12-43-218, C.R.S., in particular). Exceptions to confidentiality include, but are not limited to, a threat of serious harm to self or others, as in the case of child abuse, suicide, or grave disability; or under a court order. In the case of this assessment, according to your agreement with the Denver Area Testing Consortium, I will provide a summary of the results of this testing to the consortium, which is then available for schools to which you apply.

There may be other exceptions that I would identify to you as the situations arise during this assessment/treatment.

Other important information

If you have any questions or would like additional information, please feel free to ask.

I have been informed of my psychologist's degrees, credentials, and licenses. I have read the preceding information on page one and two of this document, and all of this information has been explained to me verbally, and I understand my rights as a client/patient.

Child's name (Please print)

Date of Birth

Parent/Guardian #1 (Please Print)

Parent/Guardian #2 (Please print)

Parent/Guardian #1 signature

Date

Parent/Guardian #2 signature

Date

Psychologist

Date

Home Address: _____

Relevant phone numbers: _____

Schools we'd like this sent to: _____