

**CENTER FOR HEALING TRAUMA AND ATTACHMENT, INC.**

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**DISCLOSURE STATEMENT**

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**Cassandra V. Williams, MSW, LSW  
Licensed Social Worker  
LSW.0009921442**

**Degrees**

**Colorado State University, Fort Collins, CO**

Master of Social Work  
Graduated: May 2016  
Concentration: K-12 School Social Work, Clinical Social Work

**Colorado State University, Fort Morgan, CO**

Bachelor of Social Work, May 2015

The practice of both licensed and unlicensed psychotherapists is regulated by the Department of Regulatory Agencies under CRS 12.43.214 (1)(c). Questions or complaints may be addressed to:  
Department of Regulatory Agencies  
Colorado Mental Health Section  
Denver, CO 80202  
(303) 894-7766

**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.**

x \_\_\_\_\_  
Signature of Client or Legal Representative

x \_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

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