

CENTER FOR HEALING TRAUMA AND ATTACHMENT, INC.
411 Main Street Suite #7
Fort Morgan, CO 80701

DISCLOSURE STATEMENT

Andrea Shindle, MA, NCC, LPCC
Individual, Couples and Family Counseling
Licensed Professional Counselor Candidate (LPCC.0015204)

Degrees

University of Northern Colorado, Greeley, CO

Master of Arts in Clinical Counseling Couples and Family Therapy

Graduated: May 2016

University of Northern Colorado, Greeley, CO

Bachelor of Arts, Psychology, July, 2005

Other Licenses and Certifications:

EMDR Trained

Developmental Dyadic Psychotherapy

Supervision: Doreen Hills, LPC (LPC.0004495)

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. The Board of Psychologist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, CO 80202 (303)894-7800.

•A Licensed Professional Counselor Candidate must hold the necessary licensing degree, a master's degree in their profession, and must be in the process of completing the required supervision for licensure in Colorado.

Generally speaking, the information provided by and to the client during therapy 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 12-43218 of the Colorado Revised Statutes and the HIPAA Notice of Privacy Practices you were provided, 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 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