

Marina Bommarito, MA, LPCC, BCN
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Disclosure

1. Marina Bommarito, MA, LPCC, BCN, LPCC.0018066, 14062 Denver West Parkway, Suite 140 Golden, CO 80401, 586-419-8693, BommaritoCounseling@gmail.com.
2. - A Registered Psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado, but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.
 - A Certified Addiction Counselor I (CAC I) must be a high school graduate or equivalent, complete required training hours and 1,000 hours of supervised experience.
 - A Certified Addiction Counselor II (CAC II) must be a high school graduate or equivalent, complete the CAC I requirements, and obtain additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam.
 - A Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete CAC II requirements, and complete additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam.
 - A Licensed Addiction Counselor must have a clinical master's degree, meet the CAC III requirements, and pass a national exam.
 - A Licensed Social Worker must hold a master's degree from a graduate school of social work and pass an examination in social work.
 - A Licensed Clinical Social Worker must hold a master's or doctorate degree from a graduate school of social work, practiced as a social worker for at least two years, and pass an examination 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 Licensed Marriage and Family Therapist must hold a master's or doctoral degree in marriage and family counseling, have at least two years post-master's or one year post-doctoral practice, and pass an exam in marriage and family therapy.
 - A Licensed Professional Counselor must hold a master's or doctoral degree in professional counseling, have at least two years post-master's or one year postdoctoral practice, and pass an exam in in professional counseling.
 - A Licensed Psychologist must hold a doctorate degree in psychology, have one year of post-doctoral supervision, and pass an examination in psychology.

3. Marina Bommarito received a Master's of Arts in Clinical Mental Health and Counseling, is a Licensed Professional Counselor Candidate, and Board Certified Neurotherapist in the state of Colorado. Please ask Marina any questions and feel free to discuss any concerns regarding this disclosure form.

4. The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The Colorado state board of licensed professional counselors can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

5. Any client is entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, and the fee structure.

6. Any client may seek a second opinion from another therapist or may terminate therapy at any time.

7. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licensed, registers, or certifies the licensee, registrant, or certificate holder.

8. Information provided by the client during therapy sessions is legally confidential in the case of licensed marriage and family therapists, social workers, professional counselors, and psychologists; licensed or certified addiction counselors; and registered psychotherapists, except as provided in § 12- 245-220 and except for certain legal exceptions that will be identified by the licensee, registrant, or certificate holder should any such situation arise during therapy.

I have read the preceding information and 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: _____

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