**MANDATORY DISCLOSURE STATEMENT**

**Christopher Peraro, MA, LPC**

**Dark Moon Rising**

**Business Address: TBD in Boulder, CO**

**303-549-2019**

**darkmoonrising@chrisperaro.com**

**Credentials:**

**Christopher Peraro is a *Licensed Professional Counselor* in the state of Colorado.** I completed a Master’s degree in Counseling Psychology from Naropa University in 2004. Previously, I received my B.A. in Philosophy from Stonehill College in 1995. I have done additional training in the following areas:

Training

Voice Dialogue Level I VDC, 2015

Voice Dialogue Level II VDC, 2019

Mindfulness Based Psychotherapy FACES, 2011

Suicide First Aid Training ASIST, 2011

Module 1- Sensorimotor Psychotherapy Pat Ogden, Ph.D, 2004

Myers-Briggs Typology training CAPT, 2008

Relevant Experience

Adjunct Faculty, GSP Naropa University, 2011-2013

Career Counselor University of Denver, 2008

Wellbeing Coach Mindful Communications – 2015-2022

**Explanation of the levels of regulation applicable to mental health professionals under the Mental Health Practice Act and the differences between licensure, registration, and certification, including the educational, experience, and training requirements applicable to the particular level of regulation, in compliance with** **§ 12-245-216(1)(b)(I), C.R.S:**

1. 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.
2. 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.
3. 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.
4. 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.
5. A *Licensed Addiction Counselor* must have a clinical master’s degree, meet the CAC III requirements, and pass a national exam.
6. A *Licensed Social Worker* must hold a master’s degree from a graduate school of social work and pass an examination in social work.
7. 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.
8. 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.
9. 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.
10. 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 professional counseling.
11. A *Licensed Psychologist* must hold a doctorate degree in psychology, have one year of post-doctoral supervision, and pass an examination in psychology.

**Department of Regulatory Agencies**

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 Board of Licensed Professional Counselor Examiners** can be reached at: **1560 Broadway, Suite 1350, Denver, Colorado 80202. (303) 894-7800**

**Client Rights and Important Information**

1. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if known), and my fee structure.
2. You can seek a second opinion from another therapist or terminate therapy at any time.
3. In a professional relationship, such as ours, sexual intimacy is never appropriate. If sexual intimacy occurs, it should be reported to the board that licensed, registers, or certifies the licensee, registrant, or certificate holder.
4. Clients seen in outpatient psychotherapy are assumed to be responsible for their day-to-day functioning. With this in mind, I attempt to operate my practice in a way that is responsible to your needs, encouraging of your autonomy, and respectful of my limits. Therefore, I am not ordinarily available for crisis calls that occur outside of scheduled appointments. If you are having a true mental health emergency, please go to your nearest emergency room, or call 911. However, exceptions to this policy may be made at my discretion. I check my voicemail and email messages regularly during my business hours, and will attempt to return your call or email within 24 hours on a weekday, and 48 hours on a weekend.
5. Generally speaking, the information provided by and to a 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, and cannot be disclosed without the client’s consent. There are **exceptions** to the general rule of legal confidentiality. Some of these exceptions are listed in the Colorado Revised Statutes (C.R.S. 12-43-218), as well as other exceptions found in Colorado and Federal law. You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S. You should also be aware that I am **required by law** to report to the proper authorities if the client reports abuse, or if I assess that the client is a harm to himself, or herself, or to someone else. If a legal exception arises during therapy, if feasible, I will inform you accordingly.
6. Payment will be decided upon prior to the first session, and is due at the time of each session. **I uphold a twenty-four hour cancellation policy.** If you need to cancel your session, please notify me twenty-four hours in advance, or I will ask that you pay for the missed appointment. Phone sessions involving therapy will be billed in 10-minute increments.
7. A client’s records may not be maintained after seven years, pursuant to section §12-245-226 (1)(a)(II)(A) C.R.S.
8. If you have any questions or would like additional information, please feel free to ask me.

**I HAVE READ THE PRECEDING INFORMATION.**

**I UNDERSTAND MY RIGHTS AS A CLIENT, OR CLIENT’S RESPONSIBLE PARTY,**

**AND I AGREE TO COMPLY WITH THE TERMS OF THIS AGREEMENT.**



Client’s Printed Name Client’s Signature Date



Parent’s/Legal Guardian’s Printed Name Signature Date

\*If signed by Legal Guardian, please state relationship to client and authority to consent:

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Therapist’s Signature Date

**Client’s Information:**



Street City State Zip Code



Home Phone Cell Phone

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Email Address Birthdate Fee

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Person to notify in case of emergency Relationship to client Phone Number

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Referral source (Friend, Website, etc.)