

MANDATORY DISCLOSURE STATEMENT

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Degrees:

University of Denver, Morgridge College of Education: Ph.D. in Counseling Psychology (2019)

Wake Forest University: M.A. in Counseling (2014)

Muhlenberg College: B.A. in Psychology (2012)

License:

Colorado, Licensed Clinical Psychologist (PSY.0005315)

The Colorado Division of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, certified school psychologists, and unlicensed individuals who practice psychotherapy. The Agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the State Grievance Board: 1560 Broadway, Suite 1340, Denver, CO 80202; (303) 894-7766.

- 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 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.**

Client Rights

1. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy, and my fee structure.
2. You may seek a second opinion from another therapist or terminate therapy at any time. You can request that I provide you with alternate referral options to seek therapy outside of my practice.
3. In a professional relationship such as ours, sexual intimacy is never appropriate and should be reported to the State Grievance Board.
4. Information provided by you during therapy sessions is legally confidential and I need your consent prior to releasing your information. However, there are exceptions to confidentiality. These exceptions include:
 - If I suspect or have knowledge of the abuse or neglect of a child, dependent adult, or elderly person
 - If you are in imminent danger of harming yourself or other(s)
 - If a court subpoenas me for your records
5. Your records will be maintained for a period of seven years commencing on the date of termination of services or on the date of my last contact with you, whichever is later.

By signing, I acknowledge that 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:
