

MANDATORY DISCLOSURE STATEMENT

Marty J. Rein, PhD, MEd, LPC, CAS

Owner, Rein Therapeutic Counseling and Consulting
Individual/Family and Group Therapist
Outside contractor for MusiCares®
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During therapy, I work from an integrative, constructivist theoretical orientation. This means that while adhering to a client-centered approach which centers on building rapport, I draw from appropriate theories depending on the client's goals. Theories that I utilize through a constructivist viewpoint are: Motivational Interviewing, Structural Family Theory, Solution-focused Brief Therapy, Internal Family Systems, Rational Emotive Behavioral Therapy, Transactional Analysis, Cognitive Behavioral Therapy, Narrative Therapy, and Individual Psychology. I continue to seek professional consultation/supervision when working in my private practice.

I earned my Master in Education level degree from Colorado State University with a concentration in Counseling and Career Development in August of 2007. I earned a Ph.D. in Interdisciplinary Studies at Colorado State University with a concentration in Human Development and Family Studies in August of 2011. I am a Licensed Professional Counselor (#5666), and a Certified Addiction Specialist (#7103). I continue to work in the addictions field to further enhance my experience and skills.

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, licensed or certified addiction counselors, and unlicensed individuals who practice psychotherapy.

The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is:

Department of Regulatory Agencies
Mental Health Section
1560 Broadway, Suite 1350
Denver, Colorado 80202
(303) 894-7766.

Client Rights and Important Information:

a. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. Please ask if you would like to receive this information.

b. You can seek a second opinion from another therapist or terminate therapy at any time.

c. In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section.

d. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.

Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates.

There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). 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. There are exceptions that I will identify to you as the situations arise during therapy.

I currently hold memberships in the following associations:

American Society of Addiction Medicine

If you have any questions or would like additional information, please feel free to ask.

I have read the preceding information and understand my rights as a client/patient.

Client/Patient Signature

Date

Parent/Guardian Signature (if under the age of 18)

Date