



**DENVER BOULDER**  
COUNSELING

Kelly Shaughnessy, M.A., L.P.C.C.

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Permit # LPCC.0019048  
Supervisor - Evan Engle-Newman, L.P.C.  
License # LPC.0015208  
719.510.2448  
steppingstonetherapyco@gmail.com

**DISCLOSURE STATEMENT**

Welcome to Denver Boulder Counseling. I am honored that you have chosen me as your counselor and I look forward to getting to know you better and help you along your journey of healing and self discovery. I am a Licensed Professional Counselor Candidate (Permit #LPCC.0019048) practicing under the license of my supervisor Evan Engle-Newman, L.P.C. (license # LPC.0015208) in the state of Colorado.

The Colorado Department of Regulatory Agencies (DORA), Division of Professions and Occupations (DPO) regulates and has legal oversight over all Licensed Professional Counselor Candidates (LPCCs). 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 Counselors can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

- 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.

I am a member of the American Counseling Association and I hold a master's degree in Clinical Mental Health Counseling from the University of Northern Colorado. As part of completing my masters degree in 2021, I completed a one year supervised internship with Mental Health Partners of Colorado at their Broomfield office with a full caseload of therapy clients as well as mental health assessment clients. I have experience and training in Mindfulness, Acceptance and Commitment Therapy (ACT), Solutions Focused Brief Therapy (SFBT), Dialectical Behavioral Therapy (DBT), Motivational Interviewing (MI), Exposure Response Protocol (ERP) for Anxiety and Obsessive Compulsive Disorder, and CAMS Suicide Assessment and Treatment.

In my practice I utilize a combination of these therapies to treat Adjustment Disorder, Trauma, Anxiety, Stress and Depression. I also work with individuals to develop strategies to strengthen their relationships with their family, friends and in their workplace. If desired, you are entitled to receive information on my methods of therapy, techniques used and the length of therapy. If at any time you are unsatisfied or unhappy with my services or diagnosis you have the right to seek a second opinion from another therapist or you may terminate therapy at any time.

My fee structure is \$125 per 50 minute session. A sliding scale fee structure is available for clients who are in financial need, and I also have 2 pro bono sessions available per week and eligibility is based on need. It is my policy to collect all fees at the time of service. I accept payment in as cash, check or credit card. I am not contracted with any health insurance companies but I am able to provide receipts of service for you to submit to your insurance for reimbursement. In the case that you undergo financial hardship, please discuss with me and we may be able to come to an agreement for a reduced rate.

We are entering into a professional relationship, and sexual intimacy is never appropriate and should be reported to the Colorado Department of Regulatory Agencies (listed above). Additionally I am unable to enter into any real or perceived dual relationship such as a friend, business partner, client, customer, etc. If I feel there is a conflict whereby a dual relationship is found to exist we will discuss

this conflict and perhaps I will need to refer you to another Licensed Professional Counselor.

The information you share with me during a counseling session, or by phone, email or text message is legally confidential and will not be shared with anyone, unless with your explicit consent in the form of a completed release form. There are some state mandated exceptions to confidentiality per CRS § 12- 245-220 and including:

- Lawsuits brought against me by clients or a client's heirs, executors, or administrators of a client
- Mandated Reporter - Per C.R.S. 19-3-304 I am mandated by the State of Colorado to report known or suspected cases of child abuse, or abuse or neglect of an at-risk elder or an at-risk adult with IDD who has been mistreated or is at imminent risk of mistreatment
- Intent to commit harm to yourself or to other people; including a threat or perceived threat against a school, students or school administrators.
- Although I do my best to keep safe and secure all electronic correspondence, and confidentiality is applied to emails, voicemails and text messages, I cannot guarantee against an electronic breach by a third-party, and you are hereby informed of this fact before sending any electronic correspondence.

I am required by law to create and maintain a client file on you and must maintain this file in a secure, locked location for seven years. You have the right to review or receive copies of your file at any time. After the seven year time period of termination of your treatment your file will be destroyed.

In the case that I may become disabled, die or are on an extended leave from practice your file and treatment plan will be designated to my supervisor and they will contact you directly in this case:

Name: Evan Engle-Newman  
L.P.C. License # LPC.0015208  
719.510.2448  
steppingstonetherapyco@gmail.com  
Credentials: L.P.C.

## As A Client

- I have read and understood everything contained in this document
- I understand that any communication I initiate in electronic format is potentially insecure
- I understand that therapy requires my own effort and participation and the outcomes are dependent on my own personal growth though I will have the assistance of the therapy I will receive
- I understand that I will be responsible for development of treatment goals together with my therapist
- I understand in the case of a medical or mental health emergency I should contact 911
- I understand that my relationship with Kelly Shaughnessy, LPC, is one of strictly professional manner
- If my therapist determines my treatment is beyond her skills or training it is her legal duty to refer, consult or terminate.
- I understand that this form is HIPAA compliant and I have been given a copy of the HIPPA Privacy Policies and Practices.
- By signing below I affirm that I have received written copies of this form and I am of legal age (over 15) to sign and consent to treatment. If I am not of legal age my consent will be signed below by my parent or legal guardian.
  - I understand that my parent or legal guardian will have access to my client file when requested unless I consent myself for treatment.

I have read the preceding information and understand my rights as a client or as the client's responsible party.

Print Client's Name \_\_\_\_\_

Parent or Legal Guardian's Name \_\_\_\_\_

\_\_\_\_\_  
Client's or Responsible Party's Signature

Date \_\_\_\_\_

If signed by Responsible Party, please state relationship to client and authority to consent: \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_

Kelly Shaughnessy, M.A., L.P.C.C.  
Denver Boulder Counseling p.l.l.c.