

## CLIENT DISCLOSURE STATEMENT

Karolina Walsh M.A.  
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### Clinical Supervisor

- Betty Cannon, Ph.D.  
Licensed Psychologist # 2029 Colorado

### Agency Affiliations and Titles

- Boulder Psychotherapy Institute, MA Counseling Psychology Clinical Intern

### Education

- Master of Arts in Transpersonal Counseling Psychology May 2013

Naropa University, Boulder CO

- Bachelor of Arts in Religious Studies May 2010

Northern Arizona University Flagstaff, AZ

### Professional Licenses, Certifications, Registrations, and Trainings

- Colorado Department of Regulatory Agencies (DORA), 2011-present  
Licensed Professional Counselor #LPC.0015765

- Texas Behavioral Health, 2021-present  
Licensed Professional Counselor #LPC.86548

- Missouri Division of Professional Registration 2021-present  
Professional Counselor #2021051213

- The Role of Rhythm and Action in Brain Development, Attachment, and Trauma, January 2012  
Sensorimotor Psychotherapy Institute, Broomfield, CO

- Satir Transformational Systemic Therapy Level 1 Training, 2011-2012  
Satir Institute of the Rockies, Boulder, Colorado

- Emotional Processing, Meaning Making, and Attachment repair October 2016- September 2017  
Sensorimotor Psychotherapy Institute, Broomfield, CO

### Regulatory Agency

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of each state. Below are the contacts of each regulatory agency:

State of Colorado Department of Regulatory Agencies; Division of Registrations  
Mental Health Licensing Section • 1560 Broadway, Suite #1350 • Denver CO 80202  
303.894.7800 Phone • 303.894.7693 Fax • [www.dora.state.co.us/registrations](http://www.dora.state.co.us/registrations)

Missouri Division of Professional Registration: 3605 Missouri Boulevard P.O. Box 1335  
Jefferson City, MO 65102-1335 Telephone 573.751.0293

Texas State Board of Examiners of Professional Counselors: 8407 Wall St. Austin, TX 78754  
(512) 834-6658 [www.bhec.texas.gov/texas-state-board-of-examiners-of-professional-counselors/index.html](http://www.bhec.texas.gov/texas-state-board-of-examiners-of-professional-counselors/index.html)

Client Rights and Important Information

- You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy with me (if known), and my fee structure. Please ask if you would like to receive this information.
- You can seek a second opinion from another therapist or terminate therapy at any time.
- 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 board that licenses, registers, or certifies the licensee, registrant, or certificate holder.
- Generally speaking, the information provided by and to a client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, for example, mental health professionals are required to report suspected child abuse to authorities. Mental health professionals are also required to report situations where there is imminent danger to you, someone else by you, or a grave disability you might experience. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: <http://www.dora.state.co.us/mental-health/Statute.pdf>.

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

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client's responsible party.

Appointments

All sessions are 55 minutes in length unless otherwise specified, and begin at the appointed time. If you are late, the appointment will end at the regular time and the full fee is expected. Except in emergencies, cancellations must be made at least 24 hours in advance. Missed appointments are charged at 100% of your regular fee if there is less than 24 hours notice.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Other Responsible Party's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Other Responsible Party's Relationship to Client: \_\_\_\_\_

