

# Shelley Bresnick, PsyD, PLLC

*Licensed Clinical Psychologist*

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## Informed Consent to Treatment

**Education:** Doctorate in Psychology, University of Denver, 1995  
Internship, St. Louis VA Medical Center, 1994-1995  
Teaching Certificate in Secondary Education, University of Denver, 1987  
Bachelor of Arts in Psychology, University of Denver, 1986

**License:** Psychologist, No. 2115, State of Colorado, 1997

**Licensing Requirements:** The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Psychologist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals: a Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-masters supervision. 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 Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health and must complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training, or experience is required.

### Client's Rights:

You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of therapy (if known), and the fees. Please ask if you would like to receive this information. You can seek a second opinion regarding your treatment from another therapist or terminate therapy at any time.

Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes and in the Notice of Privacy Rights that you were provided, as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report child abuse and the intent to commit serious harm to self or others to the appropriate authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly.

Only a psychiatrist or other physician may provide you with medication. Psychologists and other psychotherapists may recommend a physician, if indicated.

Please be advised that in a professional relationship sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant, or certificate holder.

### Maintenance of Records:

Pursuant to law, this practice will maintain records for a period of seven years commencing on the date of termination of services or on the date of last contact with the client, whichever is later. Records for minors will be kept for seven years commencing upon either the last day of treatment or when the child turns 18, whichever is later, but in no event shall the records be kept for more than twelve years. Any person who alleges that a mental health professional has violated the licensing laws related to the maintenance of records of a client 18 years of age or older, must file a complaint or other notice with the licensing board within seven years after the person discovered or reasonably should have discovered this.

I have read the above information, which was also provided verbally, and understand my rights as a client/responsible party.

\_\_\_\_\_  
Client Printed Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

If signed by Responsible Party, relationship to client/authority to consent:

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