



1259 Lake Plaza Dr, Suite 255  
Colorado Springs, CO 80906

P: (719) 598-3585/F: (720) 358-2674  
[www.centralfocusgroup.com](http://www.centralfocusgroup.com)

## **DISCLOSURE STATEMENT & POLICIES**

*The care team at Central Focus Psychological Group (Pickett Psychological Services, LLC) are Approved Clinical Supervisors and Licensed Professionals licensed by the State of Colorado. Their credentials are listed below. I understand that services may be rendered by them as well as by trainees working under their supervision.*

Clinton C. Pickett: Ph.D. Clinical Psychology at Saybrook University (2020); M.A. Psychology at Saybrook University (2016); B.S. Psychology: Crisis Counseling at Liberty University (2013); Licensed Psychologist (Colorado License No. PSY.0005715).

Angelina M. Johnson: Psy.D. Clinical Psychology at Immaculata University (2013); M.A. Experimental Psychology at The University of Alabama in Huntsville (2008); B.S. Psychology & Political Science at The University of Alabama in Huntsville (2006); Licensed Psychologist (Colorado License No. PSY.0004555).

Steven D. Newman: Psy.D. Clinical Psychology at Hahnemann University (1988); B.A. Psychology, English Literature at Miami University (1983); Licensed Psychologist (Colorado License No. PSY.0005264).

Chandler D. Arnold: B.A. Psychology at American Military University; M.A. Psychology at Military University; Ph.D. Clinical Psychology (Forensics) enrolled at Walden University; Licensed Addiction Counselor (Colorado License No. ACD.0002240).

Central Focus Psychological Group is located at 1259 Lake Plaza Drive, Suite 255, Colorado Springs, CO 80906, 719-598-3585.

The following information is to comply with § 12-245-216(1) (b) (I), C.R.S:

- 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.

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- A Certified Addiction Specialist I (CAS I) must be a high school graduate or equivalent, complete required training hours, and have 1,000 hours of supervised experience.
  - A Certified Addiction Specialist II (CAS II) must be a high school graduate or equivalent, complete the CAS I requirements, obtain additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam.
  - A Certified Addiction Specialist III (CAS III) must have a bachelor's degree in behavioral health, complete CAS 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 CAS 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, practice as a social worker for at least two years, and pass examinations 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-masters 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-masters 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.

The following information is to comply with § 12-255-101-104 C.R.S:

- A Nurse Practitioner must hold a master of science degree in nursing, have two years pre-degree supervision, and pass an examination in psychiatric nursing.

The Colorado Department of Regulatory Agencies ("DORA"), Division of Professions and Occupations ("DOPO") has the general responsibility of regulating the practice of Licensed Psychologists, Licensed Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Certified and Licensed Addiction Counselors, and registered individuals who practice psychotherapy. The agency within DORA that specifically has responsibility is the Mental Health Section, 1560 Broadway, Suite #1350, Denver, CO 80202, (303) 894-2291 or (303) 894-7800; [DORA\\_MentalHealthBoard@state.co.us](mailto:DORA_MentalHealthBoard@state.co.us). The State Board of Licensed Professional Counselor Examiners regulates Licensed Professional Counselors and can be reached at the address listed above. Clients are encouraged, but not required, to resolve any grievances through the Central Focus Psychological Group internal process.

### **Second Opinion and Termination:**

You are entitled to seek a second opinion from another clinician or terminate therapy at any time.

### **Sexual Intimacy:**

In a professional relationship (such as mental health care), sexual intimacy between a clinician and a client is **never** appropriate. If sexual intimacy occurs it should be reported to DORA at (303) 894-2291, Mental Health Section, 1560



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Broadway, Suite 1350, Denver, Colorado 80202; State Board of Licensed Professional Counselor Examiners.

**Confidentiality:**

The information provided by and to a client during sessions is legally confidential if the clinician is a Licensed Psychologist, Licensed Social Worker, Licensed Professional Counselor, Licensed Marriage and Family Therapist, Certified and Licensed Addiction Counselor, Registered Psychotherapist, or Nurse Practitioner. If the information is legally confidential, the clinician cannot be forced to disclose the information without the client’s consent or 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 this general rule of legal confidentiality. These exceptions are listed in the Colorado statutes, C.R.S. §12-245-220. You should be aware that provisions concerning disclosure of confidential communications do not apply to any delinquency or criminal proceedings, except as provided in C.R.S. § 13-90-107. There are additional exceptions that I will identify to you as the situations arise during treatment or in our professional relationship, such as professional peer or supervisor consultation. For example, I am required to report child abuse or neglect situations; I am required to report the abuse or exploitation of an at-risk adult or elder or the imminent risk of abuse or exploitation; if I determine that you are a danger to yourself or others, including those identifiable by their association with a specific location or entity, I am required to disclose such information to the appropriate authorities or to warn the party, location, or entity you have threatened; if you become gravely disabled, I am required to report this to the appropriate authorities. I may also disclose confidential information during supervision or consultation in accordance with my policies and procedures, in the investigation of a complaint or civil suit filed against me, or if I am ordered by a court of competent jurisdiction to disclose such information. You should also be aware that if you should communicate any information involving a threat to yourself or to others, I may be required to take immediate action to protect you or others from harm. In addition, there may be other exceptions to confidentiality as provided by HIPAA regulations and other Federal and/or Colorado laws and regulations that may apply.

By signing this form, I affirm that I am fully informed of the therapy services I am requesting that Central Focus Psychological Group is providing and grants my consent to receive such mental health services.

My signature below affirms that the preceding information has been provided to me in writing by my primary clinician, or if I am unable to read or have no written language, an oral explanation accompanies the written copy. I understand my rights as a client/patient, and should I have any questions, I will ask my clinician.

\_\_\_\_\_  
Client Name/Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Parent/Legal Guardian Signature (Please specify Relationship to Client)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Parent/Legal Guardian Signature (Please specify Relationship to Client)

\_\_\_\_\_  
DATE