

**Melissa Bannerot, LSW, LMSW**  
Licensed Social Worker #773

**Melissa Bannerot – Counseling – LLC**  
5540 N Academy #250  
Colorado Springs, CO 80918  
719.310.6357

## **Professional Disclosure Statement**

### ***Qualifications***

I have a Masters of Social Work from the University of Houston, Graduate College of Social Work; a Bachelors of Arts in Psychology from the University of Houston and training in Eye Movement Desensitization Reprocessing (EMDR).

### ***Philosophy of Counseling***

I believe many problems are caused or made worse by unresolved problems from the past, I will be asking you some questions about your past. Problems often arise in our lives as challenges to help us grow stronger and become more resilient. So, my goals are to:

- Teach you coping skills to help you manage the symptoms of your problems,
- “Install” resources to help you feel stronger and better about yourself
- Use therapeutic techniques specifically suited to resolving the problems that bring you here,
- Help you identify your own resources to resolve your problems, and
- Encourage you in the resulting personal growth.

My clients’ spiritual beliefs are often very helpful in resolving many problems. If you wish to discuss that perspective, I am open to it regardless of your particular spiritual or religious tradition. If you prefer not to discuss that perspective, that is fine also.

Psychotherapy is a collaborative process. You will set your goals and I will make suggestions about the best way to reach them. You are always free to refuse any strategy or activity I propose. Much of the work of therapy occurs between sessions as you practice the techniques you learn in session and notice the effects of your new thoughts and behaviors. The more you work on your issues between sessions, the more quickly you can expect to meet your goals. A normal session lasts approximately 50 minutes. While it is my responsibility to end the session on time, please pay attention to the clock so you can be assured of addressing whatever issues are important to you early in session.

It is your right to end therapy at any time for any reason. I do ask that you talk to me before you end therapy.

### ***Some Possible Risks***

Therapy may:

- Bring greater discomfort into your life before it brings greater comfort,
- Bring about significant changes in your life, which others in your life may feel threatened by. This could lead to conflict in some relationships.
- The resolution of some problems can sometimes bring up new problems.

### ***Couples Therapy***

When seeing couples individually, the information shared between client and therapist are confidential. However, if there is infidelity or other issues that may affect the marriage, I will give the members of the couple time to share that with each other. If the secret is not shared after a reasonable amount of time, we will process the information as a couple in a couple’s session or therapy will be terminated.

### ***Confidentiality***

The information you provide during therapy sessions is legally confidential. That means I cannot share your information with anyone else except under the following situations:

- I am required by law to report any abuse of a child no matter where or when it happened.
- If I believe that there is a danger of you hurting yourself or anyone else, I must contact whomever I think may be able to prevent such harm.
- Some information about your therapy may be provided to my consultants, clinical supervisor and professional colleagues for the purposes of evaluating and improving my counseling skills, but in most cases, I don't need to tell them your full name.
- If a judge requires me to testify and/or turn over my records to the Court, I must do so.
- Email is NOT a secure medium: it can be intercepted. So please limit email communications to scheduling issues; do NOT email me about personal/therapeutic issues.

### ***Complaints, Licensing and Professional Regulations***

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 Social Work 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 Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a masters degree 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 Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1,000 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 bachelors degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters 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.

### ***Minors***

If you are under fifteen years of age, please be aware that the law gives your parents or guardians the right to obtain information about your treatment and/or examine your treatment records. I will do my best to be respectful about the amount and type of information shared with your parents/guardians. My priority is always to honor and nurture your trust in me and in our therapeutic relationship. I will strive to preserve the integrity of our professional relationship in my consultations with parents, but will need to report to them any serious concerns or feelings that there is a high risk that you will seriously harm yourself or another/others. Before providing them any verbal or written information, I will discuss the matter with you if possible. I will do the best I can to resolve any differences that you and I may have about what I am prepared to discuss.

### ***Supervision***

I am under the supervision of Leilani Keator, LMFT.

***Your Rights***

As a client you have the right to:

- Maintain your own beliefs and values.
- Get a second opinion from another therapist at any time.
- End therapy at any time
- Receive information about the methods and techniques we use in your therapy.
- Have access to a summary of the official record of your therapy.
- Expect professional behavior from me at all times. In a professional relationship, sexual intimacy is never appropriate and should be reported to the Colorado Department of regulatory Agencies (DORA). Contact information for DORA can be found below.

***Cancellations***

If you must miss a session, for whatever reason, please call me (310-6357) at least 24 hours before your scheduled appointment so we can schedule someone in your place. I will call you at my earliest convenience to reschedule. If you cancel with less than 24 hours notice, you are still responsible for your session fee.

***Emergencies***

If you feel you are in danger of hurting yourself or someone else, call the suicide hotline (273-8255) or 911. Or go to your nearest hospital emergency room. Then, if you have a chance, call me (310-6357) and leave a message telling me what is going on, what you plan to do next and a phone number, which I can use to reach you.

***Acknowledgement***

I affirm with my signature below, that I have read the above document and have discussed it with Ms. Bannerot until I understand my rights as a client.

Client or Legal Guardian’s Name (please print): \_\_\_\_\_

\_\_\_\_\_  
Client or Legal Guardian’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist’s Signature: Melissa Bannerot

\_\_\_\_\_  
Date