

In accordance with Senate Bill 1025, we are required to provide all clients with the following information regarding clients.

1. **Business Name and Location:** Cheryl A. Kosmerl, LCSW  
Seeds of Change Therapy, LLC  
6655 West Jewell Ave. Suite 104  
Lakewood, CO 80232  
(720) 217-3954
  
2. **Credentials:** Licensed Clinical Social Worker – Colorado # 892 Issued 2007  
Colorado SOMB Listed Full Operating Treatment Provider  
  
Masters of Social Work, At-Risk Youth Concentration  
University of Denver, Denver CO June 2004  
  
Bachelors of Arts, Social Work  
Metropolitan State College of Denver, Denver CO May 2003  
  
Bachelor of Arts- Health Science  
State University of N.Y. College at Brockport, Brockport NY January 1998
  
3. **Grievances, Questions, and Complaints- 12.43.214 (1) CRS:** The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The Colorado State Board of Social Work can be reached at:  
  
1560 Broadway, Suite 1350  
Denver, CO 80202  
(303) 894-7800 Fax (303) 894-7693

Licensed Clinical Social Worker, must hold a master’s degree in their profession and have two years of post-masters supervision.

4. You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy (if known), and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time.
5. 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.
6. 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 the HIPAA Notice of Privacy Rights you were provided as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly.

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.

\_\_\_\_\_  
Client Name – Please Print

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

\_\_\_\_\_  
Date

If signed by Responsible Party, please state relationships to client and authority to consent:

\_\_\_\_\_