## Riversage Family Counseling

## Emily Campbell, LCSW, AASW 100 Jenkins Ranch Rd., Suite E 1, Durango, CO 81301 (970)-903-7979 CANINE ASSISTED THERAPY DISCLOSURE STATEMENT

I hold a Masters degree in Social Work from the University of Denver, CO and am a Licensed Social Worker with the state of Colorado; LIC # 9924896. I am certified in Animal Assisted Social Work and Eye Movement Desensitization and Reprocessing (EMDR). I am also trained in Dialectical Behavior Therapy (DBT) and Cognitive Behavioral Therapy (CBT).

Irie, a canine assisted therapy dog in training, has passed his Canine Good Citizens (CGC) test and National Therapy Dog test through K9 to 5 through Durango Dog College. He is a two-year-old Golden Retriever and is still in training, as he is young and continues to work on training.

## **Confidentiality:**

Information provided by and to the client during therapy sessions is privileged and thus legally confidential. Therapists are mandatory reporters in the State of Colorado. Any disclosure regarding the *intent to harm others or self; abuse or suspected abuse of children, the elderly or others unable to care for themselves; neglect or suspected neglect of children; subpoenaed testimony in criminal court cases and orders to violate privileges by judges in child custody, divorce or other court cases*, is **not** privileged communication.

## **Client Rights:**

- a) Clients are entitled to receive information about the methods of therapy used, techniques and the duration of therapy (if determinable), and fee structure.
- b) By engaging in canine-assisted therapy I hereby acknowledge I have no allergies to canines or fears of dogs that will prevent the therapy session from proceeding.
- c) I agree to animal assisted therapy with Irie, therapy dog in training (paperwork pending), and his animal handler in the following sessions as discussed.
- d) I understand the risks associated with animal assisted therapy and will not hold Riversage Family Counseling, LLC or Emily Campbell liable should any adverse event occur.
- e) I understand Irie will be removed from session if it is determined by his handler he is distressed.
- f) If I have complaints I may contact the State Grievance Board, 1560 Broadway, Suite 1340, Denver, CO 80202, 303-894-7768

I have read the preceding information and understand my rights as a client. **By signing below I acknowledge my understanding and agree to all the terms discussed in this disclosure statement.** By signing this disclosure statement, I also agree to permit consultation and I provide release for my therapist to seek consultation with other psychotherapists or professionals as the need arises. I also affirm, by signing this form that I am the legal guardian and /or the custodial parent with legal rights to consent to treatment for any minor child or children that I am requesting psychotherapy services from Riversage Family Counseling, Emily Campbell, LSW.

I have read the preceding information and understand my rights as a client/patient.

Sign &Print Name		Date	
** Privacy Practices	are available on our website at www riversagecounseli	ng com or please request a co	ony from our office