Adam Woodruff, MS, LMFT, CAC II 1361 Francis Street, Suite 102 Longmont, CO 80501 (303) 834-9388 Cell: (720) 270-2058 Email: therapy@adamwoodruff.net Website: adamwoodruff.net

1. Name: Adam S Woodruff

2. Degrees and Experience:

B.S. Criminal Justice - New Mexico State University - Las Cruces, NM - 1991

M.S. Marriage and Family Therapy - New Mexico State University - Las Cruces, NM - 1997

Post graduate experience (since 1997) as a psychotherapist working with adults, couples, adolescents and their families. Specific experience with substance abuse disorders, personality disorders, mood disorders, attachment disorder and adjustment disorders. Experience with Individual, Family, Marital, Group and Milieu therapies at inpatient, partial care, foster care and outpatient levels. All experience under supervision and/or consultation of licensed psychotherapists. 10 years of experience as residential counselor and case manager working with adolescents, families and people living with disabilities.

Licensure/Certification: Licensed Marriage and Family Therapist Certified Addictions Counselor, CAC II

3. 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 Marriage and Family Therapy Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

A Licensed Marriage and Family Therapist must hold a master's degree in their profession and have two years of post-master's supervision. A Certified Addictions Counselor (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.

4. Client rights and responsibilities: You are entitled to receive information about me and about my methods of therapy, the techniques I use, the duration of your therapy (if such can be determined at this time) and the fee structure of my private practice.

You can seek a second opinion from another therapist or terminate therapy at any time. You may use your own resources and referral base for this endeavor or ask me for recommendations.

In a professional relationship (such as ours) sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy ever occurs between a therapist and client, it should be reported to the state grievance board.

Generally speaking, the information provided by and to a client during therapy sessions is legally confidential and the therapist cannot be forced to disclose this information without the client's consent. There are exceptions to the general rule of confidentiality. These exceptions are listed in

the Colorado Statutes [Section 12-43-218, CRS, in particular]. You should be aware that your confidentiality could be compromised if you behave or make statements, which indicate that you may harm yourself or someone else. Your confidentiality may be compromised if there is suspicion of child abuse or neglect. I am required to conduct a mental health examination if anyone that may be gravely disabled as a result of a mental disorder. Your confidentiality may also be compromised if your therapist is court ordered to disclose treatment information. I am also required to report any suspected threat to national security to federal officials. Information pertaining to legal confidentiality will be discussed as situations arise during therapy.

Under Colorado law, C.R.S. 14-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, in compliance with Colorado law and HIPPA Standards.

5. Disclosure regarding divorce and custody litigation

If you are involved in divorce or custody litigation, my role as a therapist is not to make recommendations to the court concerning custody or parenting issues. By signing this Disclosure Statement, you agree not to subpoena me to court for testimony or for disclosure of treatment information in such litigation; and you agree not to request that I write any reports to the court or to your attorney, making recommendations concerning custody. The court can appoint professionals, who have no prior relationship with family members, to conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family's children.

If you have any questions or would like additional information, please feel free to ask.

Signing below indicates you have read and had the information presented verbally and understand your rights as a client/patient. I also acknowledge that I have received a copy of the Disclosure Statement.

Client/responsible party	Date	
Client/responsible party	Date	
Client/responsible party	Date	
	Date	
Client/responsible party	Date	