

Brian Ngo-Smith, LCSW, BCD-P, FABP
Psychoanalyst & Clinical Social Worker

3411 N. Lafayette St.
Denver, CO 80205-2844
brian@ngosmiththerapy.com

303.886.8926
www.ngosmiththerapy.com
www.ngosmithconsulting.com

MANDATORY DISCLOSURE STATEMENT

(This disclosure is mandated by the State of Colorado to be completed by the first appointment)

Degrees and Credentials

Bachelor of Arts in Religion/Philosophy, Augustana College (now University), 2005

Master of Social Work, University of Iowa, 2008

Two years post-master's supervised experience

Graduate of Adult Psychoanalytic Training Program, Denver Institute for Psychoanalysis, 2018-2022

Licensed Clinical Social Worker, Colorado, CSW #1707, active since October 2010

Board Certified Diplomate in Clinical Social Work and Psychoanalysis (BCD-P #60337) since 2022

Fellow of the American Board of Psychoanalysis (FABP) since 2023

Levels of regulation applicable to mental health professionals

- A Licensed Clinical Social Worker must hold a master's or doctorate degree from a graduate school of social work, practiced as a social worker for at least two years, and pass an examination in social work.
- 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 Clinical Social Worker Candidate, Psychologist Candidate, a Marriage and Family Therapist Candidate, a Licensed Professional Counselor Candidate, and an Addictions 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-master's 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-master's or one year postdoctoral practice, and pass an exam in 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.
- A Certified Addiction Counselor I (CAC I) must be a high school graduate or equivalent, complete required training hours and 1,000 hours of supervised experience.
- A Certified Addiction Counselor II (CAC II) must be a high school graduate or equivalent, complete the CAC I requirements, and obtain additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam.
- A Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete CAC II requirements, and complete additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam.

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- A Licensed Addiction Counselor must have a clinical master's degree, meet the CAC III requirements, and pass a national exam.
- An Unlicensed 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 was not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The **Board of Social Work Examiners** can be reached at:

1560 Broadway, Suite 1350, Denver, CO 80202 (303) 894-7800

Under the Colorado Mental Health Practice Statute, **CRS 12.43.214**, you are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy (if known), and the fee structure. You may seek a second opinion from another licensed or registered mental health professional or you may terminate therapy at any time. 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.

Generally, the information provided by and to a client during therapy sessions is legally confidential in the case of Licensed Marriage and Family Therapists, Social Workers, Professional Counselors, and Psychologists, Licensed or Certified Addiction Counselors, and Registered Psychotherapists, and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in §12-245-220 and the **HIPAA Notice of Privacy Rights** you were provided. For example, mental health professionals are required to report child or elder abuse to authorities. Confidentiality is further discussed in my **Practice Policies and Procedures**.

Any person who alleges that a mental health professional has violated the mental health practice act related to the maintenance of records of a client eighteen years of age or older must file a complaint or other notice with the licensing board within seven years after the person discovered or reasonably should have discovered the misconduct.

Your mental health records may not be maintained after seven years from the date of termination of social work/psychotherapy or date of last contact, whichever is later, pursuant to §12-245-226(1)(a)(II)(A). . When the client is a child, the records will be retained for a period of seven years commencing either upon the last day of treatment or when the child reaches eighteen years of age, whichever is later, but in no event shall records be kept for more than twelve years.

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I have read and discussed the preceding information, and I understand my rights and responsibilities as a client or the client's responsible party.

Signature of Client or Responsible Party

Date

Print Name of Client or Responsible Party

Signature of Therapist

Date

If signed by Responsible Party, give relationship to client and authority to consent:

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CONSENT TO TREAT

Name: _____ Date: _____

DOB: _____

I consent to the outpatient psychotherapeutic evaluation and treatment recommended by Brian Ngo-Smith, LCSW, BCD-P, FABP.

Client/Legal Guardian Signature Date

Witness Signature Date

FEE AGREEMENT

____ I agree to be responsible for payment at the time of each 45-minute session in the amount of \$210.

____ I agree to be responsible for payment of my full fee for any missed appointment or appointment cancelled with less than 48-hours' notice. I agree that if my check does not clear the bank I will be responsible for an additional fee of \$29.00.

Client/Legal Guardian Signature Date

Witness Signature Date