

Lori Informed Consent

Lori A. Mateer, M.A., L.P.C.
State of Colorado License LPC 4819
8321 Sangre De Cristo; Suite 200
Littleton, CO 80127
303-868-6828

Informed Consent and Mandatory Disclosure

Please review the following information carefully. If you have any questions, please bring them to my attention before signing. Effective July 1, 1988, the State of Colorado requires that all psychotherapists and mental health counselors provide their new clients with the following information at the first session:

1. I hold a Masters degree in Counseling from Colorado Christian University and a Bachelor of Arts in Communication from Rutgers University. I am a Licensed Professional Counselor in Colorado.

2. The regulatory requirements for mental health professionals are as follows:

A Registered 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 is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.

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.

A Licensed Addiction Counselor must have a clinical master's degree, meet the CAC III requirements, and pass a national exam.

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 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 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 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 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.

3. Christian and Spiritual Interventions: All counselors, psychotherapists, and other counseling professionals have their own set of values and worldview. I hold a Biblical and Christian worldview, which may influence my assessments, interventions, and counsel. I will be using language, principles, and practices applicable to this worldview and will likely discuss with you issues related to your relationship and understanding of God. I may also suggest that during our counseling session we use various types of prayer, reliance on the Scriptures,

discussion of Biblical principles, and spiritual warfare. These procedures and interventions may or may not be clinically demonstrated as guaranteeing either short-term and long-term results.

4. **Counseling Relationship and Effects:** Be advised that counseling is an interactive process between you and the counselor. I want to hear from you about your goals in counseling, how counseling is working for you, your questions about methods, and your feedback about what is helping and what is not. This makes it possible to develop and use a therapy plan that can meet your needs and goals.
5. 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 Professional Counselor Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.
6. You are entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy (whenever possible), and my fee structure. Please ask if you would like to receive this information.
7. You may seek a second opinion from another therapist. You have the right to terminate therapy at any time.
8. In a professional relationship, sexual intimacy between therapist and client is never appropriate. If sexual intimacy occurs, it should be reported to the State Grievance Board.
9. **Regarding Confidentiality:** As professional counselors and caregivers, there are legal privileges in this state protecting the confidentiality of the information that you share. What this means is that, for whatever reason, if information were subpoenaed into court to testify regarding a matter

for which you would be before the court, information could not be compelled to testify against your wishes. Further, as professional caregivers, we strive to maintain the strictest ethical standards of confidentiality. There are legal exceptions to confidentiality: (i) I am required to report any suspected incident of elder abuse or neglect and child abuse or neglect to law enforcement; (ii) I am required to report any threat of imminent physical harm by a client to law enforcement and to the person(s) threatened; (iii) I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or to others, who is gravely disabled, as a result of a mental disorder; (iv) I am required to report any suspected threat to national security or federal officials; (v) I am required by HB 14-1271 to report any threats against locations such as churches, schools, theatres, workplaces, etc to law enforcement, and (vi) I may be required by Court Order to disclose treatment information.

10. When I am concerned about a client's safety, it is my policy to request a Welfare Check through local law enforcement. In doing so, I may disclose to law enforcement officers information concerning my concerns. By signing this Informed Consent and agreeing to treatment with me, you consent to this practice, if it should become necessary.

11. Counselors are ethically required to take notes of counseling sessions. Notes help the counselor recall information from previous sessions and may be used as a legal document. All notes are stored under lock and key. Again, confidentiality is maintained. Any person who alleges that a mental professional has violated the licensing laws 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 this. Pursuant to law, this practice will maintain records for a period of seven years commencing on the date of termination of services or on the date of the last contact with the client, whichever is later. When the client is a child, the records must 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 comes later, but in no event shall records be kept for more than twelve years.

12. Under Colorado law, C.R.S. 114-10-123.8, 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 HIPAA Standards.

13. 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 Informed Consent, 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.

NOTICE: Our sessions will be at my office in Shamá Collective, LLC (Shamá). I am in no way on staff or employed by Shamá, I own my own separate professional counseling practice, L.A. Mateer and Associates, a separate entity, as does each therapist that offices there. I rent space from Shamá, I am not in a professional relationship with the other therapists who rent space at Shamá.

As a client and or guardian, I have read and understood (or have asked for clarification about) the information in this form. A copy of this document has been given me for my records. I consent to counseling, evaluation, treatment and/or referral under the above stated conditions.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ,
UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS
DOCUMENT.

CLIENT SIGNATURE

DATE

LORI A MATEER

DATE