



## Informed Consent and Disclosure Statement

**Samantha Lee, Registered Psychotherapist**  
**Heart Matters Counseling**  
**13550 Northgate Estates Dr., Suite 200**  
**Colorado Springs, CO 80921**  
**(719) 660-1281**

Welcome to Heart Matters counseling services. We are pleased that you have chosen us as your therapist. Below you will find some helpful information. Please read this information and sign at the bottom. Samantha is a Registered Psychotherapist, which means she is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado. She holds a BA in psychology with a minor in biology in which she graduated Magna Cum Laude. She is a member of The Colorado Association of Psychotherapists and the Colorado Counseling Association. Samantha has also attended numerous professional training seminars to offer you the best treatment possible in her fields of expertise, including Motivational Interviewing, Codependency, and Neurofeedback. Included in this training are intensive skills in group and individual therapy with special focus on behavioral addictions, codependence, abandonment, family systems, abuse, parenting, and life coaching. Samantha has been coaching individuals and leading support groups in Colorado Springs since 2006. She has also been recognized as an expert in helping her clients develop healthy relationships and attain personal empowerment.

**General Issues:** I am committed to providing high quality services to my clients and to providing them with all of the information necessary to be informed about the treatment process. 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 Registered Psychotherapist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, CO 80202, (303) 894-7800.** As to the Regulatory Requirements applicable to mental health professionals:

- ✓ 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.
- ✓ Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- ✓ Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.
- ✓ Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.
- ✓ Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III Requirements.
- ✓ Licensed Social Worker must hold a master's degree in social work.
- ✓ Psychologist Candidate, Marriage and Family Therapist Candidate, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post masters supervision.
- ✓ A licensed Psychologist must hold a doctorate degree in psychology and have one year of post doctoral supervision.

Law requires that you are provided with information regarding a client's rights. **Please read carefully** the following information regarding ethical, legal, and financial issues. If you have questions about anything on this form, please discuss it with me before signing the consent statement. I accept in my private practice only clients whom I believe, with my assistance, have the capacity and desire to grow and heal. Some clients need only a few counseling sessions to achieve their goals, whereas others may require months or even years of counseling. You are entitled to receive information about methods of therapy, techniques, and the duration of therapy, if known. As a client you are in complete control and may seek a second opinion from another therapist, and/or end our counseling relationship at any point. I, too, have the right to withdraw from your treatment if a conflict arises. In that eventuality, you will be informed and given appropriate referrals.

**Dual Relationship:** Although our sessions may be very intimate psychologically, it is important for you to realize that we have a **professional** relationship rather than a personal one. Our contact will be limited to the paid sessions you have with



me. **This is a requirement of the ethical guidelines for Registered Psychotherapists in the state of Colorado** and is in your best interest. You will be best served if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You will learn some things about me as we work together during our counseling experience. However, it is important for you to remember that you are experiencing me only in our professional role. **Please note that it is impossible to guarantee any specific results regarding your counseling goals**, but together we will work to achieve the best possible results for you. Colorado law requires me to inform you that in our professional relationship physical intimacy is never appropriate and should be immediately reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

**Confidentiality:** Generally, the information provided by you, the client, and from me, the therapist, is legally confidential and I cannot be forced to disclose in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates. The exceptions to the general rule of legal confidentiality are listed in the Colorado statutes (C.R.S. 12-43-218). However, please be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S.

**Exceptions to confidentiality:**

1. Any evidence or disclosure by the client of perpetrating child abuse (past or present) must be reported to legal authorities. I am a mandatory reporter of any child abuse.
2. If an individual intends to take harmful, dangerous or criminal actions against another human being or against him/herself it is our duty to report such action or intent to medical and legal authorities. In the unlikely event it is our clinical judgment that you are a danger to yourself or someone else, by signing this consent you authorize me to contact either the persons listed as your emergency contacts, or someone else to provide assistance through this crisis situation. This would include, at my discretion, contacting an intended victim. By law, your consent is not necessary.
3. Sexual improprieties by a former therapist are a criminal offense and I am required by law to report.
4. Any disclosure of terrorist activities or intended terrorist activities.
5. Certain court orders/actions such as custody cases, malpractice actions, etc. may legally require disclosure of certain material covered in our sessions.
6. Collection of fees may require disclosure that you have been in a counseling process.
7. All of my counseling or coaching sessions are reviewed in supervision with other professionals at Heart Matters, and if deemed appropriate other professional and/or consultants, to aid in your treatment process.
8. Insurance companies: If you desire to file insurance on your own you must know that we usually will be required to document your diagnosis and treatment. This may include personal information that you would not want employers to know. I cannot guarantee your confidentiality or that this will not have adverse effects on you personally. **By signing below you are giving Samantha Lee and Heart Matters, LLC permission to release this information.**
9. If at any time you choose to engage in any form of etherapy including phone, Skype or other videoconferencing, or email communication with Samantha Lee, be aware that Samantha's phone, computer, and possibly email server are not SSL encrypted so you should be aware that communication in those mediums are vulnerable to hacking or other inadvertent breach of confidentiality. By signing this form, you are aware of this limit to confidentiality.

**Fees and Insurance:** Samantha's fee is \$85.00 for a 50 minute psychotherapy session, \$450 for a QEEG, \$135 for a neurofeedback training session or a pack of 10 neurofeedback sessions for \$800 if purchased and paid for as a package. Group fees vary by type. Normally, you will be given additional information if you are participating in a group. By consenting to treatment with Samantha Lee, you acknowledge that you are responsible for the cost of the provided services (to you or to your minor child) within 48 hours prior to the time the service is rendered. A valid credit or debit card is necessary to reserve an appointment. A valid credit or debit card is necessary for all phone sessions. If using a check or cash is preferred at in-person sessions, payment is expected at the beginning of each counseling session and **must** be backed by a valid credit card. We offer the use of credit cards for your convenience. If you select this method of payment, your credit card will usually be charged within the 24 hours before your session. Notification of cancellation of appointments, scheduled but not attended, must be made **48 hours prior** to the appointment time. If your credit card is declined, you will be charged \$5 and if a check is returned you will be charged \$15, both to cover bank charges. If you miss an appointment without notification, you will be charged on the credit or debit card you provide on the intake form



or on the card number given during your initial appointment. If you have set up recurring appointments at a specific time and you miss your appointment, but fail to notify the therapist prior to the previous 48 hours, you will be charged for the missed session and automatically rescheduled for the following session at the agreed upon time unless you notify the therapist otherwise. If you miss the second session without notifying the therapist, you will be charged for that session and your recurring appointments will be cancelled unless you contact the therapist and schedule another appointment.

**HIPAA Regulations:** This form is compliant with HIPAA regulations and no medical or psychotherapeutic information, or other information related to your privacy, will be released without your permission unless mandated by Colorado law. Consistent with HIPAA guidelines, authorization for release and consent for treatment will be automatically revoked one year after the signing date.

**Other potential fees:** In the unlikely event of my time spent away from the office due to client hospitalization and/or court appearances resulting from legal issues, additional hourly fees will be assessed. My usual fee is \$100.00 per hour assessed from the time I leave my office until I return to my office plus expenses if overnight travel is required. If travel is required outside the state of Colorado, fees will be \$1000 per diem plus expenses and must be paid via credit card within 72 hours prior to the day of travel. Some insurance companies may cover part of your fees. You will need to determine the reimbursement policies of your insurance company. I do not file insurance claims nor receive insurance for counseling or coaching sessions. By signing below you agree that you have read and understood the above mentioned information, have been offered a copy for your records and are consenting to treatment with Heart Matters LLC, or Samantha Lee. If you are unable to read or write, an oral explanation will accompany this disclosure. Unless the client, parent or guardian is unable to read or write, a signed copy of this disclosure is required to be obtained before your second visit with your psychotherapist. The signed copy of this document will become a part of your file at Heart Matters. If you have any questions please bring them up during our initial session.

**Client Acknowledgement, Agreement and Consent:** I have read the preceding information and understand my rights as a client. By signing below, I acknowledge my understanding and agree to all terms discussed in this disclosure statement. By signing below, I also agree to permit consultation and I provide release for my psychotherapist to seek consultation with other professionals as the need arises. I also affirm, by signing the form, that I am requesting psychotherapy services from Heart Matter s LLC.

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.

---

Print Client's Name

---

Client's or Responsible Party's Signature

Date

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

---

**PLEASE RETURN A SIGNED COPY OF THIS INFORMED CONSENT AND DISCLOSURE STATEMENT TO THE ADDRESS ON PAGE 1 OR BRING IT TO YOUR FIRST SESSION.**



Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Kids Names and ages: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

List any present medical conditions and medications: \_\_\_\_\_

---

Have you had previous counseling or psychiatric care (If yes, please list with whom and the current status of treatment): \_\_\_\_\_

Who referred you to Heart Matters? \_\_\_\_\_

IN CASE OF AN EMERGENCY WHOM SHOULD BE NOTIFIED? (Please provide two names)

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work \_\_\_\_\_ Home: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work \_\_\_\_\_ Home: \_\_\_\_\_

Method of Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Debit Card \_\_\_\_\_

(\* All sessions must be backed by a valid credit or debit card even if another method is used.)

Credit/Debit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

(The Security code is the three digit number on the back of the card or 4 digit code on front for AMEX.)

Accompanying this information form was a Disclosure Statement. Please read it and sign below. I want the fee to be charged to my \_\_\_\_\_ card.

BY SIGNING BELOW I GIVE CONSENT FOR TREATMENT WITH HEART MATTERS, LLC AND I HAVE READ AND UNDERSTAND THE DISCLOSURE STATEMENT. I REALIZE THAT IF I DO NOT GIVE A 48 HOUR NOTICE PRIOR TO CANCELLATION OF SCHEDULED APPOINTMENTS, I WILL BE FULLY CHARGED FOR THIS APPOINTMENT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confidentiality Policies     Dual Relationship Policies     48 Hr. Cancellation Policy