



Jill Cantor Lee LPC
Amani Mediation and Counseling
439 Vaughn Court
Ft. Collins, CO 80524
(970)232-3127

INFORMED CONSENT

Welcome to Amani Mediation and Counseling. I would like to offer you the following background information in order that you have a clear understanding of what I have to offer, what rights you have, and what you need to know in order that you are informed and empowered throughout our working relationship.

My Certificates and Degrees: I hold certificates in the following areas: Child and Family Investigations (2011), Parent Coordination, (2011) Equine Assisted Growth and Learning(2015), Core Mediation(2010), Divorce and Family Mediation(2011) 60 hour Mediation and ADR Internship (2011), and am a Mediators without Borders Certified Mediator (2011). I passed my National Certified Counselor Board Exam in 2012.

I have a: Master's in Education in Counseling, Colorado State University (2012); a Master's of Science in Land Resources/Cultural Ecology, University of Wisconsin-Madison,(1986); a Bachelors of Arts in English/Creative writing from the University of Wisconsin-Madison,(1983); I am a Certified Instructor with the United States Dressage Federation (1994).

Years of Experience: I started my professional private practice, Amani Mediation and Counseling Services LLC in 2011 and became a Registered Psychotherapist at that time. I became a Licensed Practicing Counselor (LPC) in 2015. I have been working as a mediator since 2010. Most of the mediations I have done have been within schools, and with families. I

began doing equine assisted coaching in 2010 and began counseling individuals of all ages during my graduate school Practicum in 2009. I continue to work in the schools doing mediations, conflict resolution work and counseling as part of my private practice.

My Fees: I charge \$125/ 50-minute hour for individual session and \$155/ 50-minute hour for couples' sessions and \$155/50 minute family session. This is the case whether I see you in person, or we conduct our session via phone. I charge \$150-\$200 for equine assisted sessions which last for 70 minutes. I charge \$450 to prepare paperwork for the Court and for all other court related services including travel time. All other paperwork is prepared at \$100/hour. I ask that you give me 24 hours' notice of cancellations. If you do not do so, I will need to charge you for the missed appointment.

Who I am Regulated By: The Colorado Department of Regulatory Agencies has the general responsibility of regulating registered psychotherapists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologist practicing outside of schools, licensed or certifies addiction counselors, and unlicensed individuals who practice psychotherapy.

The agency within the Department that has responsibility specifically for licensed and Registered Psychotherapists is the Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7766.

The levels of Psychotherapy Regulation in Colorado include licensing (requires minimum education, experience, and examination qualifications), Certification (requires minimum training, experience, and for certain levels, examination qualifications), and Registered Psychotherapist (does not require minimum education, experience, or examination qualifications). All levels of regulation require passing a jurisprudence take-home examination.

As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a

Licensed Professional Counselor must hold a master's degree in their profession and have two years post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a masters degree 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 Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

Clients' Rights and Information: As a client you have the following rights, and access to the following information:

- a. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. Please ask if you would like to receive this information.
- b. You can seek a second opinion from another therapist or terminate therapy at any time.
- c. In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section.
- d. Generally speaking, the information provided by and to a client during therapy/mediation sessions is legally confidential if the therapist is a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or a Registered Psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent. Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or a Registered Psychotherapist is privileged communication

and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates. There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in C.R.S. 13-90-107. There are exceptions that I will identify to you as the situations arise during therapy.

e. Please know that I also will review cases with peers and a supervisor as needed. No names or identities will be disclosed. Initial_____

f. Clients need to understand that if they participate in Equine Assisted sessions at Amani Farm their anonymity cannot be assured, as it is a public space. By virtue of this, others may know that you are partaking in psychotherapy sessions. Initial_____

g. 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 Disclosure Statement and agreeing to treatment with me, you consent to this practice, if it should become necessary.
Initial_____

h. When working with a minor, a summary of the child's progress will be provided to the parent(s) or guardian(s) upon request, but the law also protects information provided during therapy by the minor. If the minor is fifteen (15) years of age or older, it is within your primary therapist's discretion to advise the parents of the services given to or needed by the minor. Initial_____

i) Jill may choose to disclose information revealed in the individual sessions at her sole discretion. If appropriate, she will give you the opportunity to disclose the information first. However, she will not lie or refuse to answer any question posed by the other family members. This pertains to all face-to-face, written, and phone

conversations and messages. Jill cannot be subpoenaed to testify or produce records without consent and authorization from all participating members of the family. Initial_____

i. Although confidentiality extends to communications by text, email, telephone, and/or other electronic means, we cannot guarantee that those communications will be kept confidential and/or that a third-party may not access the communications. Even though there is a risk that the electronic or telephone communications may be compromised, unsecured, and/or accessed by a third-party. It is very important to be aware that email and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. Emails and texts, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all emails that go through them. Faxes can easily be sent erroneously to the wrong address. Please limit communication by text or email to administrative purposes only and do not use them as an avenue for therapy.

Initial_____

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

Consent to Treat:

I have read the preceding information and it has also been presented to me verbally. I understand my rights as a client / patient.

I acknowledge that these sessions are related to, but not limited to my social context, relationships, life cycle transitions, psychological factors, and belief systems and the connection of these to my mental, emotional, and physical health. I give consent for this treatment. I am also accepting all cost of the sessions and possible fees. **I understand that I will incur a fee for any session not cancelled within 24 hours of the appointment.** I understand that while therapy is meant to be helpful, it can at times, be uncomfortable and difficult.

Client Signature _____ Date _____

Therapist Signature _____ Date _____

Parent Signature (if client is a minor) _____ Date _____