

**Lauren B. Forsythe, MA, LPC, RPT**  
*Child and Adolescent Counseling*  
2101 Gay St. Longmont, CO 80501

(720)-369-0570

State Mandatory Disclosure Information

Effective July 1, 1988, the State of Colorado requires that all psychotherapists and mental health counselors provide their clients with the following information:

1. I am a Licensed Professional Counselor registered with the State of Colorado. Should you have any questions about my training or professional background that is not answered below, please feel free to bring them to my attention.

Training and Degrees:

- a. In 2004, I received my Bachelor of Arts from the University of Colorado.
  - b. In 2011, I received my Masters in Counseling from Denver Seminary.
  - c. In 2012, Registered Psychotherapist in the State of Colorado, #14125.
  - d. In 2012, National Certified Counselor through the National Board of Certified Counselors, #282756.
  - e. Certified in PREPARE/ENRICH pre-marital and marital counseling, #1234176
  - f. In 2015, Licensed Professional Counselor in the State of Colorado, LPC.0012432
  - g. In 2015, Registered Play Therapist, #T2898
2. 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 Licensed Professional Counselor Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 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, 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.
  - ✓ 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 of post-masters supervision.
  - ✓ A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.
3. Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes, as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: <http://www.dora.state.co.us/mental-health/Statute.pdf>.

Some other legal exceptions to confidentiality: these are situations in which you are at serious risk to either harm yourself or others such as in the case of potential suicide, child abuse and neglect, or grave disability.

4. 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.
5. You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy (if known), and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time.
6. For the duration of our sessions, I will be participating in consultation groups where I may share some of what we talk about in our sessions, though I will never, under any condition, use any names. Your name will be strictly unknown to any other professional counselor I discuss with and your case will only be discussed when I see it being to your benefit.

7. 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.

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Print Client's name

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Client's or Responsible Party's Signature

Date

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

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**LAUREN FORSYTHE, MA, LPC, RPT**  
**2101 Gay St.**  
**Longmont, CO 80501**  
**(720) 443-7663**

**I consider it a privilege to meet with you and spend time looking at your life. In order for us to have a successful experience from the beginning, there is necessary business that we must address.**

**Appointments:**

Individual sessions run approximately 50 minutes. I will regularly spend additional time outside our 50 minutes session writing or reviewing notes, reading and consulting in order to be of help to you.

**Fees:**

My fee is \$90 for one 50 minute session of counseling and I ask that this fee be paid at the beginning of each session. Cash, personal check, or online payment (credit or debit) through PayPal are acceptable for payment and you will be given a receipt that you can use for insurance purposes if that is applicable for you. Your appointment time is reserved for you only, and you will be charged for any appointment that is not canceled 24 hours prior to our meeting time. Payment is due weekly unless other arrangements have been made. If cost of counseling is a problem for you, please speak with me about it so that we can work together on a solution.

**Extra sessions or phone conversations:**

If you request additional time outside the counseling session (e.g. emergency phone sessions, extra meetings or conversations with others) you will be charged for anything longer than ten minutes on a prorated basis.

**What I Do:** 1) Provide counseling for children, adolescents, couples, and families that supports healing 2) Suggest books, support groups, classes, and information for parents that may help with custody, visitation, and shared parenting 3) For court-ordered clients, I can report the number of sessions attended, session dates, and client's involvement in therapy 4) Report harm to self or others according to Colorado Law

**What I Do Not Do:** 1) Legal Mediation 2) Get involved in the legal aspects of court cases or testify in court, unless subpoenaed by a judge 3) Make recommendations for parenting time, custody or visitation for children in divorce or separation situations 4) Evaluate a child for possible sexual or physical abuse or neglect I understand that a second mental health therapist or special advocate specifically hired as an evaluator can offer recommendations to an attorney or to the court. I agree not to request Lauren Forsythe, MA, LPC to communicate with an attorney or with any court about what she knows about me or my child.

**I have read and understand (or have asked for clarification) all of the above.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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My private practice, though housed at Calvary Church, is separate from Calvary Church. I am not employed by the church as a counselor. Calvary Church is in no way responsible for my practice; my practice is also separate from the other private practices in this center and we are not responsible for each other's counseling practices.

I have read and understand (or have asked for clarification) the information presented in this form.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_.