

DISCLOSURE STATEMENT

Through the Generations Counseling, LLC

Lisa E. Mendoza LPCC, MSW

12295 Oracle Blvd. Suite 210

Colorado Springs, CO 80921

Phone: 719-433-9083

Email: throughthegenerationsllc@gmail.com

Licensed Professional Counselor Candidate LPCC #0023078

1986 Our Lady of the Lake University, MSW-Master of Social Work

2022 Oral Roberts University M.A. in Professional Counseling

Colorado Counseling Association

2022 EMDR Training

2024 Splanka Training in process

Supervisor: Andrea Spencer, LPC-S, MFTC

REGULATION OF PSYCHOTHERAPISTS

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 regulatory boards can be reached at 1560 Broadway, Suite 1350, Denver, CO 80202, (303) 894-7800. The regulatory requirements for mental health professionals provide that a Licensed Clinical Social Worker, A Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a master 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 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 1--- hours of supervised experience. A CAC II must complete additional required training hours and 2000 hours of supervised

experience. A CAC III must have a bachelors degree in behavioral health and complete additional training hours and 2000 hours of supervised experience. A Registered Psychotherapist is listed in the state's database * is authorized by law to practice psychotherapy in Colorado but is not licensed by the state & is not required to satisfy any standardized education or testing requirements to obtain a registration from the state.

CLIENTS RIGHTS AND IMPORTANT INFORMATION

- a. You are entitled to receive information from me about my methods of therapy, the techniques I use and the duration of your therapy. 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 reports to the Department of Regulatory Agencies that licenses, certifies or registers therapists.
- d. Generally speaking, information provided by and to a client in a professional relationship with a psychotherapist is legally confidential and the therapist cannot disclose the information without the client's consent. There are several exceptions to confidentiality which include: 1) I am required to report any suspected incident of **elder, IDD, and child abuse or neglect** to law enforcement; 2) I am required to report any threat of imminent physical harm by a client to law enforcement to the person(s) threatened; 3) I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or to others, or who is gravely disabled, as a result of a mental disorder, 4) I am required to report any suspected threat to national security to federal officials, and 5) **I am required by HB 14-1271 to report any threats against locations such as churches, schools. theatres, workplaces, etc. to law enforcement**, and 6) I may be required by Court Order to disclose treatment information.
- e. I agree not to record our sessions without your written consent; and you agree not to record a session or a conversation with me without my written consent.
- f. When I am concerned about a client's safety, it is my policy to request a Welfare Check through law enforcement. In so doing, I may disclose to law enforcement officers information related to my concerns. By signing this Disclosure Statement and agreeing to treat with me, you consent to this practice, if it should become necessary.
- g. Under Colorado law **C.R.S. 14-10-123.8**, parents have a right to access mental health treatment information concerning 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 HIPPA standards.

- h. Colorado law **C.R.S. 12-43-218**, allows confidentiality to be breached if a mental health professional believes a client is a potential school shooter.
- i. **HB 19-1120**, in an effort to reduce youth suicide, lowered the age of consent for psychotherapy to **12yo**.

CLIENT RECORD RETENTION

My records regarding treatment of adults will be kept for 7 years after treatment ends or following our last session, but I may not retain them after 7 years. My records for minors will be kept for 7 years from the last day of treatment or 7 years from the date when the minor turns 18, whichever is later. In no event am I required to keep records longer than 12 years.

DISCLOSURE REGARDING DIVORCE AND CUSTODY LITIGATION

If you are involved in divorce or custody litigation, my role as a therapist is not to make any recommendations to the courts concerning custody or parenting issues. By signing this Disclosure Statement, you agree not to subpoena me to court for testimony or for disclosure of treatment information in such litigation; you also agree not to request that I write any reports to the court or to your attorney making recommendations concerning custody.

THEORETICAL ORIENTATION

Integrative/Systems: Intervention is based on the belief that problems and solutions exist within an individual or relational "system" for some logical functions, rather than individual "pathology." Interventions are based on the belief that subconscious catalogues the individual's life experiences and that previous trauma tends to cause current symptomology. A wholistic approach exploring body, mind and spirit are essential to this practice. The intervention is a faith-based intervention, meeting the client where he/she is related to their own spiritual journey.

I have read the preceding information and understand my rights as a client. I do hereby accept full responsibility for any and all actions taken by myself concerning any therapeutic assignments, mind/body work and prayer work with Lisa E. Mendoza. I understand that mind/body work involves minor touch by the therapist and I give my permission for that. I understand that I am not receiving medical diagnosis, medical treatment or prescriptions, but psychotherapy interventions. I hereby release Lisa E. Mendoza from any liability resulting in any possible damages or loss incurred in our association.

Email, text and other forms of electronic communications may only be used for logistical purposes, i.e. appointment scheduling or cancellation, directions to the counseling center, etc. I am not available through these means for processing work from therapeutic appointments. You may make an appointment to talk by phone when in crisis or call your 911 or Aspen Pointe Crisis Hotline at (719) 635-7000.

I have read the preceding information & it has been present to me verbally. I understand my rights as a client & the disclosures that have been made to me. Bys signing below, I also agree to permit consultation & am providing release for my therapist to seek consultation with other psychotherapists or professions, if the need arises, I also acknowledge that I have received a copy of this disclosure statement.

Client Signature/Legal Representative

Date

Therapist

Date