

# **Debbie Mayer, LCSW, LLC**

Deborah Mayer  
Licensed Clinical Social Worker 2104  
(720)438-8188

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## **INFORMED CONSENT TO TREAT**

By signing below I am stating I am the client or parent/legal guardian of the client named below and am legally able to consent to mental health treatment for the client named below. I do hereby seek and consent to myself or my child/family participating in the treatment provided by Deborah Mayer, LCSW.

I understand that no promises have been made to me as the result of the treatment, or related recommendations, provided by this therapist.

I am aware that I may stop treatment with this therapist at any time. At the time of such termination of services, the only thing I will still be responsible for is paying the services myself, or my child/family has already received. I understand that if this treatment is terminated, I/my child /my family may have to deal with other consequences (such as if this treatment was court ordered).

I agree to the above goals, as well as being an active participant in therapy to work towards them.

## **MANDATORY DISCLOSURE STATEMENT**

Professional ethics and Colorado State Law require that I disclose the following information to you.

Name: Deborah Mayer (Business: Debbie Mayer, LCSW, LLC)

Business address & phone: 709 Kimbark Avenue, Longmont CO 80501, 720-438-8188

The Colorado Department of State Regulatory Agencies regulate the practice of both licensed and unlicensed persons in the practice of psychotherapy, please read below in compliance with § 12-245-216(1)(b)(I), C.R.S.

- 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 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.

I have a Master's Degree in Social Work from the University of Michigan, Ann Arbor, MI. It is a 2 year degree that required two field experiences through internships. I obtained my experience as a School Social Work Intern and as a Child and Family Outpatient Therapy Intern. I am a Licensed Clinical Social Worker in the state of Colorado, license number CSW 2104. To obtain licensure I must hold a master's degree, have two years of post-master's supervision, and pass a Mental Health Jurisprudence Examination.

*(See Reverse Side)*

*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 Social Work can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.*

You are entitled to receive information about my methods, the techniques used, the duration if known, and the fee structure.

You can seek a second opinion from another therapist or terminate therapy at any time.

In a professional relationship, sexual intimacy is never appropriate and should be reported to the Division of Professions and Occupations.

The information provided by you, the client, during sessions is legally confidential and cannot be released without your consent. There are exceptions to this confidentiality, some of which are listed in §12-43-218 as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report child abuse to authorities. In such cases, I will exercise the necessary interventions as required by the law in order to protect you or others. If a legal exception arises, if feasible, you will be informed accordingly.

**I have read the preceding information for both the Informed Consent to Treat and Mandatory Disclosure Information and understand my rights as a client or as the client's responsible party.**

\_\_\_\_\_  
Print Client's Name

\_\_\_\_\_  
Client or Responsible Party's Signature

\_\_\_\_\_  
Date

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

**NOTICE OF PRIVACY PRACTICES: RECEIPT AND ACKNOWLEDGEMENT OF NOTICE**

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Debbie Mayer's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Debbie Mayer, LCSW, LLC by phone at (720) 438-8188.

\_\_\_\_\_  
Print Client's Name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Client or Responsible Party's Signature

\_\_\_\_\_  
Date

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

Check here if Patient/Client refuses to acknowledge receipt.

\_\_\_\_\_  
Signature of Deborah Mayer, LCSW

\_\_\_\_\_  
Date