

# Ability Counseling, LLC

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8853 Fox Dr., Suite 105  
Thornton, CO 80260

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## **Informed Consent and Mandatory Disclosure Statement to Clients**

8853 Fox Dr., Suite 105  
Thornton, CO 80260

Email: [kyle.lucas@abilitycounseling.org](mailto:kyle.lucas@abilitycounseling.org)  
Phone: 720.237.7155

The Colorado Department of Regulatory Agencies (DORA) has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, licensed or certified addiction counselors, and unlicensed individuals who practice psychotherapy.

The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202, and can be reached by calling (303) 894-7766. You are encouraged to contact DORA if you feel any psychotherapist has violated your rights or treated you in an unethical manner.

### **Consent for Services and Client Rights**

The information provided by and to a client during counseling sessions is legally confidential if the counselor is a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed 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 an unlicensed 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 rule of legal confidentiality. The exceptions consist of the following:

- If the client threatens grave bodily harm to death to him/herself or to another person
- There is a reason to suspect that a child or at risk adult is being abused, or has been abused, either by neglect, assault, battery, or sexual molestation
- In the case the client becomes disabled to the point they can no longer care for themselves
- If a court of law issues a legitimate subpoena that you are aware of and fail to notify Ability Counseling you oppose the subpoena.
- If a parent or legal guardian, of any client under the age of 12, request that information be released to another party and in this case, I must sign release of information documents.

Additionally, you can consent to information to be released to other professionals/individuals involved in your treatment by signing a release of information form. If communication occurs with these other individuals through email, confidentiality is not always guaranteed.

In a professional relationship, sexual intimacy is never appropriate and should be reported immediately to the Grievance Board/Department of Regulatory Agencies. You are entitled to receive information from me about my methods of counseling, the techniques I use, the duration of your counseling (if I can determine it), and the established fee structure. Please ask if you would like to receive this information. You may seek a second opinion from another therapist, or terminate counseling, at any time.

## Client Expectations

As a client seeking counseling, it is expected that you will arrive promptly for your scheduled appointment. If you are going to be late or must cancel your scheduled appointment, it is expected that you will contact your counselor with this information 24 or more hours prior to the session in question. A non-cancellation fee of \$50 will be assessed if 24+ hours' notice is not given. Sessions last for 50 minutes and will end at the scheduled time, regardless of when it began. Counselors are obligated to wait only 15 minutes past the scheduled appointment time.

## Credentials

*Kyle Lucas*

Degree: PhD, Counselor Education and Supervision

Licensure: Licensed Professional Counselor (LPC #5903)

*Amira Assad*

Degree: M.A. Clinical Counseling; M.A. School Counseling

Licensure: Licensed Professional Counselor (LPC #6040)

*Samantha Fox*

Degree: M.A. Forensic Psychology

Licensure: Registered Psychotherapist (NLC.0106554)

*Aislin Guajardo*

Degree: M.A. Forensic Psychology

Licensure: Licensed Professional Counselor Candidate (LPCC.0018774)

*Jeanette Cordova*

Degree: B.S. Human Services

Master's Student Intern - Expected Graduation Date: May 2025

Please note that all counselors in the practice have access to case files and client treatment information. Additionally, all counselors can consult with one another regarding treatment information. All the preceding information in this document applies to all the counselors working with Ability Counseling, LLC. If other professionals begin working with Ability Counseling, LLC, I understand they will also have access to my treatment records. I can ask for the credentials of any professional working for Ability Counseling, LLC at any time.

Signatures below indicate you have read and understood the preceding information and understand your rights and responsibilities as a client. By signing below, you are also indicating you received a copy of the disclosure statement.

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Client

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Date

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Legal Guardian

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Date

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Counselor Signature

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Date