



A.V.O.S. Counseling Center and Training Institute
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A.V.O.S Counseling Center and Training Institute, LLC Disclosure, Treatment, and Fee Agreement

Clinician Name: Anura Mathis, MA, LPCC

Degrees, Credentials, Licenses: Licensed Professional Counselor Candidate ; M.A. Professional Counseling

Business Address: 8795 Ralston Rd. Suite 200A. Arvada, CO. 80002

Business Phone: (303) 880-7793

Please acknowledge you can read this document: _____ (Initial)

Anura Mathis, MA, LPC-I graduated from Texas Wesleyan University in Fort Worth, Texas with a degree in Professional Counseling. She is receiving clinical supervision to practice psychotherapy in the state of Colorado as a Licensed Professional Counselor Candidate. She is a member of The American Counseling Association. She will be registered with the Department of Regulatory Agencies as an Unlicensed Psychotherapist in the state of Colorado.

My approach to the counseling process includes traditional and nontraditional principles to healing that is inclusive and caters to all cultural backgrounds. I think there are some neuroscience concepts that enhance the therapeutic experience by giving the impact of trauma another narrative. I believe that adversity can open the door to strength and perseverance as long as we can feel safe and seen. My experience with the impact of trauma has helped me to understand that it affects us all in many different ways and feel very oppressive and imprisoning. My goal is to provide a safe place for each client and through our journey together to create some freedom.

I aim to provide services that make each client feel free and empowered regardless of the problems they face. I offer Cognitive Behavioral Therapy - CBT, Solution-Focused Brief Therapy - SFBT, and Narrative therapy and will add more therapies as I receive more training. I've worked with people from all walks of life including survivors of all forms of abuse (physical, emotional, mental, sexual), and I've seen the same beautiful quality in all people. I hope to help cultivate a similar prospective with all those who seek services with me. If it resonates with clients, I use an integration of meditation/mindfulness and yoga with neuroscience concepts alongside these therapy modalities to help each client find some freedom. I look forward to getting trained in EMDR therapy and other trauma therapies.

If for any reason, you feel that my approach is not a good fit for you, please let me know and I can collaborate with you to find a more appropriate counselor. It's my goal to provide compassionate and quality services but I can always improve and I want you to feel safe and comfortable to end sessions if you feel you need.

The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Department of Regulatory Agencies, Mental Health Section. Questions and complaints may be addressed to:

Department of Regulatory Agencies, Mental Health Section

1560 Broadway, Room 1350

Denver, Colorado 80202
(303) 894-7800

- * You are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure.
- * You may seek a second opinion from another therapist or may terminate therapy at any time.
- * In a professional relationship, sexual intimacy is never appropriate and is illegal in Colorado. It should be reported to the Department Of Regulatory Agencies, Mental Health Section.
- * The information provided by you during therapy is legally confidential except as required by law.
- * If you participate in group therapy, it is necessary for you to agree to protect and respect the privacy of other group members. You need to agree not to share personal information, including the names of other group members, with people outside of the group. You may expect other group members to show the same respect for your confidentiality.

Confidentiality:

I understand that my records and information will be held in confidence according to the policy of the Network as defined by the Division of Mental Health pursuant to Colorado Revised Statutes (CRS 27-10-101 et.seq. & Standard CF.1 et.seq.) and the Division of Alcohol and Drug Abuse pursuant to code of Federal Regulations (42 C.F.R. Part 2). Everything that we talk about in counseling is confidential and private. There are exceptions to the rule of confidentiality that require me to break confidentiality. These exceptions include a "threat of serious harm to yourself or others" as in the case of child abuse, elder abuse, suicide, grave disability, or serious plans to harm or kill someone else. If, for any reason, I am under a court order; or in response to any legal action taken by you against this agency, I will also be required to break confidentiality.

Destruction of Records:

I understand that the clinical records from this treatment episode may be destroyed if no further treatment is rendered within ten years of the date of termination of this episode (or ten years from the date client reaches age eighteen, if client is a minor.)

As a client, you have the following rights:

- You have the right to revoke this consent at any time.
- To receive treatment only if you or your legal guardian gives permission in writing.
- To be treated with respect and recognition of your need for dignity.
- To receive services based on your individual needs, in a setting which supports your individual freedoms.
- To actively participate with your provider in creating a plan for your care. To include other people you think would be helpful to you in creating your care plan.
- To confidentiality, and to expect that none of the information about your treatment will be given to anyone without your permission except as required by law.
- To request a change in the person or persons providing your care.

- To refuse treatment unless you are court ordered to receive services and to be informed of the consequence of your refusal.
- To have your family members involved in your care, at your request. To be represented by your guardian in the case that you are unable to full participate in your treatment decisions.
- To inspect your records, or have them shown to anyone designated by you in writing. If you are denied access to records, to know why and how to appeal.
- To receive written notification and request a second opinion if you disagree with your provider’s decision to reduce or discontinue your services, or deny you inpatient services.
- To receive written information about BHI’s services, providers and clinical guidelines.
- To not be discriminated against due to race or ethnicity, sex, age, disability, sexual orientation, gender identity, genetic information, source of payment or any other reason.
- To be informed of the rights in a way you understand.
- To complain about my services at any time without retaliation.
- To receive assistance from a consumer representative in making a complaint and to receive copies of the complaint/grievance procedure.

Treatment Agreement:

I have voluntarily requested services from Anura Mathis and agree to pay fees on time and at every session. If I cannot make my appointment, I will give 24 hours advanced notice, or I will be responsible for the full cost of the session. If it is an emergency, I will let Anura Mathis know as soon as possible. I understand that the fee for the session are due at the time of service.

I fully understand that I have the right and opportunity to file a complaint if I choose to do so. Further, I fully understand that by exercising that right and proceeding with filing a complaint, that any and all information contained in the complaint, in any related written documents or in oral communications, or revealed in any follow-up investigations, may be shared without any limitation or restriction with staff of Behavioral Healthcare, Inc. (BHI) and with staff of Division of Mental Health of the State of Colorado (DMH), for purposes of BHI and State reporting, monitoring, and quality improvement activities. All information contained in the complaint, related written documents, oral communications, or follow-up will remain confidential with BHI and DMH, and will not be shared with other parties without the written consent of the consumer or complainant.

I have been informed of my counselor's degrees, credentials and licenses. I have also read and received a copy of the information on both sides of this page. I understand my rights as a client. I hereby acknowledge that I have been provided a copy of the Notice of Privacy Rights.

Client Name (please print)

Client Signature Date

Clinician Signature Date