

Client Therapist Agreement

Jennifer Jonell, MA, LPCC

5650 Greenwood Plaza Blvd, Suite 225C, Greenwood Village, CO 80111

Phone: 720-301-4962

- 1 I have a Masters in Agency Counseling from University of Northern Colorado. I am a Licensed Professional Counselor Candidate through the State of Colorado and my number is LPCC.0014292.
- 2 The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed Psychologists, Licensed Social Workers, licensed Professional and Family Therapists, licensed School Psychologists practicing outside of the school setting, 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 #1370, Denver, CO 80202, (303)894-7766.
- 3 Client Rights and Important Information:
 - a. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of therapy (If I can determine it), and my fee structure. 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. I do not provide emergency services.
 - d. In a professional relationship, sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section.
 - e. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.
 - f. Information disclosed to a licensed professional counselor 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 general rule of legal confidentiality. These exceptions include intent to harm others or yourself; abuse or suspected abuse of children, and the abuse of the elderly or others unable to care for themselves; neglect or suspected neglect of children; subpoenaed testimony in criminal court cases and orders to violate privilege by judges in child-custody and divorce cases. You should be aware that, except in the case of information given to a licensed Psychologist, legal confidentiality does not apply in criminal or delinquency proceeding. There are other exceptions that I will identify to you should the situation arise during therapy.

4. I charge \$100.00 per hour for Psychotherapy. Psychotherapy is provided in a 55-minute hour.
5. In marriage and family counseling, the therapist holds a “no secrets” policy. All members of the couple or family system are treated equally and “secrets” are not kept by the therapist that require differential or discriminatory treatment of family members.
6. I provided only non-emergency Psychotherapeutic services scheduled by appointment. If I believe your psychotherapeutic issues are above my level of competence, or outside my scope of practice, I am legally required to refer, terminate, or consult. If, for any reason you are unable to contact me by phone, 720-301-4962, and you are having a true emergency, call 911 or check yourself into the nearest hospital emergency room.
7. My supervisor is Rita Berglund, MA, LPC license #5063. If you have any questions or would like additional information, please feel free to ask during the initial session and anytime during the psychotherapy process.
8. CLIENT SIGNATURE, ACKNOWLEDGEMENT, AGREEMENT, AND CONCENT: I have read the preceding information and understand my rights as a client. By signing below, I acknowledge my understanding and agree to all the terms discussed in this disclosure statement. By signing this disclosure statement, I understand that I am legally responsible for payment for all psychotherapy services. I also provided release for my therapist to seek consultation with other psychotherapists or professionals if the need arises.

Client

Date

Therapist

Date