Uniquely You Denver Counseling, LLC

Molly Jaques, LPCC

720-579-8823

molly.uniquelyUcounseling@gmail.com

DISCLOSURE STATEMENT/INFORMED CONSENT

This document contains important information about my professional services and policies. Please read it carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between us and your expressed informed consent for services.

DEGREES/CREDENTIALS

Bachelor of Arts in Psychology minor in Criminal Justice, University Of Arkansas in Little Rock
Masters of Arts in Community Counseling, Regis University

I am currently practicing as a Licensed Professional Counselor Candidate in the state of Colorado.

The Colorado Department of Regulatory Agencies (D.O.R.A.) has the general responsibility of regulating the practice of licensed, certified, and unlicensed persons in the field of psychotherapy. Contact information for the agency is as follows.

Department of Regulatory Agencies-Division of Registrations, Mental Health Section
1560 Broadway, Suite 1350
Denver, CO 80202
303-894-7800

The agency can be contacted with any comments, complaints, or concerns relating to my practice.

CLIENT RIGHTS

I. RECEIPT OF INFORMATION

As a client you are entitled to receive information about my methods of therapy, any techniques utilized, the duration of therapy (if able to be determined), as well as any fees for my services. If you would like information on any of these topics, please feel free to ask.

II. SECOND OPINION

You are entitled to seek a second opinion from another therapist/counselor at any time.

III. TERMINATION

You are entitled to terminate or discontinue therapy/counseling at any time. If/When you choose to do so, please alert me as such.

IV. SEXUAL INTIMACY

In a professional relationship such as ours, sexual intimacy is **NEVER** appropriate and should be immediately reported to the Department of Regulatory Agencies, Division of Registrations, Mental Health Section.

V. CONFIDENTIALITY

a. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed or certified addiction counselors, and unlicensed psychotherapists.
b. Exceptions to this rule can be found under the Colorado Revised Statutes, Title 12 (Professions & Occupations), Article 43 (Mental Health), Section 218 (Disclosure of Confidential Communications).
c. Should an exception arise during therapy it will be identified and discussed with you immediately if appropriate.
d. All records about your counseling will be confidential. They will be stored in a secure area and only authorized persons will have access to them. At the conclusion of your counseling, the records will be summarized and kept secure for a period of at least seven years, after which they will be destroyed. A copy of your file summary can be sent to another qualified professional only if a written request from you is submitted.

Please note, while this summary of information regarding confidentiality should prove helpful, it is important that we discuss any questions or concerns you may have. While I am happy to discuss these issues with you, formal legal advice may be needed as the laws governing confidentiality are quite complex and I am not an attorney.

VI. CANCELLATION POLICY*

If for any reason you are unable to attend a scheduled appointment, please call to cancel or reschedule the appointment at least 24 hours in advance. To cancel, please call the number listed atop this form. In the case of two or more late cancellations or no-shows, we will need to have a discussion about discontinuation of services. Furthermore, all future appointments will be cancelled and no future appointments will be scheduled if this situation arises.

**** Please note, any appointment cancelled less than 24 hours in advance will be considered a chargeable appointment.**

ADDITIONAL INFORMATION

PSYCHOTHERAPY SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and the client, as well as the particular issues you bring forward. There are many different methods I may use to help you deal with challenges you are facing. **Psychotherapy** is not like a medical doctor visit. Instead, it **calls for a very active effort on your part**. In order for therapy to be most successful, **you will have to work on things we talk about both during our sessions and at home**.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have significant benefits. Therapy often leads to better relationships, solutions to issues, and significant reductions in feelings of distress. But

there are no guarantees of what you will experience. If you have any questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

PROFESSIONAL FEES
My hourly fee is $120 for a 50-minute session, prorated thereafter for longer sessions. In addition to weekly appointments, I charge this amount for other professional services you may need, though I may break down the hourly cost if I work for periods of less than one hour. Other charges for services include report writing (for formal evaluations) at $150/hour, telephone conversations lasting longer than 5 minutes at $100/hour, attendance at meetings with other professionals you have authorized at $120/hour plus travel time, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Court appearances are charged at a rate of $375/hour (door to door).

BILLING AND PAYMENTS
You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of financial hardship, I am willing to discuss a possible reduced fee arrangement. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I may utilize the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, any additional costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

CONTACTING ME
I am often not immediately available by telephone, as I will not answer the phone when I am with a client. When I am unavailable, my telephone is answered by a voice mail system that I monitor frequently. Text messaging is the most efficient way to reach me; email communication is also OK, but it may take me longer to get back with you. Also be aware of the confidentiality limitations with text and email. I will make every effort to return your communication on the same day, with the exception of weekends and holidays. If you are difficult to reach, please inform me of times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychiatrist/psychologist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

PROFESSIONAL RECORDS
The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

MINORS
If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

CONSULTATION
I may find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

**** By signing below you acknowledge you have received, read, and understand the preceding information. This is considered an authorization for Uniquely You Denver Counseling, LLC & Molly Jaques, LPCC to provide treatment and/or diagnostic services for the following client.**

Client Name (please print) _____

Signature _____ Date _____

**** By signing below, I certify that I am the parent/legal guardian of the aforementioned client and can legally consent for the treatment of this client.**

Parent/Guardian Signature _____ Date _____

Relationship to Client _____

Therapist Signature _____ Date _____