Informed Consent

DEAR CLIENT:

I am pleased that you have selected me as your psychotherapist. In order to give you the best service, and to meet the legal requirements of the State of Colorado, I would like to provide you with the following information:

* My professional background includes: a Bachelor's Degree from the Western Michigan University in 1994; a Master's Degree in Counseling Psychology and Counselor Education from the University of Colorado in 1998; and a Certification as a Guidance Counselor from Johnson State College in 2000. I am trained in PACT II, EMDR II and Divorce and Child Custody Mediation. I am a Licensed Professional Counselor in the State of Colorado (License # 3954).

* The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Department of Regulatory Agencies, Division of Registrations. Any questions, concerns, or complaints regarding the practice of mental health may be directed to the Department of Regulatory Agencies, Division of Registrations, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

* You are entitled to receive information at any time about 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.

* Dual roles, exploitation, and sexual intimacy are never appropriate in a professional relationship and should be reported to the Office of Professional Regulations.

*My practice is independent of all other practices at this address.

Initial Here _____

***CONFIDENTIALITY:** The information provided by you as a client during therapy session is legally confidential in the case of licensed marriage and family therapists, clinical social workers, professional counselors, psychologists, and certified school psychologists. The limits of confidentiality are set by law. If I am directed by a judge in a court of law to reveal information, then I must do so. Legal confidentiality does not apply in criminal or juvenile delinquency proceedings. If you provide me with information about child abuse or abuse of the elderly, I must report that information immediately. If you tell me that you intend to harm someone else or yourself, I am required by law to reveal that information to the authorities and to the individual who may be harmed. In addition, I am required to work with you closely to preserve your safety.

In the case of couples therapy, the "client" is always the couple and no secrets or private information will be held by the therapist.

Initial Here _____

***INSURANCE AND FEES:** If you are utilizing insurance, I am requesting your permission to provide your insurance company or its representatives with any information concerning your diagnosis and treatment or for the individual for whom you are the legal guardian. This information may include (but is not limited to) information about diagnosis, treatment, insurability, and peer review for the purpose of determining continued insurance support.

Some health insurance companies will reimburse clients for my counseling services and some will not. In addition, most will require that I diagnose your mental health condition and indicate that you have an "illness" before they will reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis I plan to render before I submit it to the health insurance company. Any diagnosis made will become a part of your permanent insurance records.

My fee is $150 for a 50 minute session. I ask that you pay me at the **beginning** of each session. Cash, check or credit card payment is acceptable. Charges for my services include office appointments, phone conversations, reports and records review. Additionally, I reserve the right to use a collection agency to collect fees that are more than 120 days past due.

A usual therapy session is 50 minutes long, which is the amount insurance companies will cover. However, in couples counseling and EMDR therapy, it is often recommended to do a longer session, for example: 1.5 - 2.5 hours. The fee for longer sessions, beyond the initial hour covered by insurance, is prorated at my hourly rate of $150. By initialing below, you understand that you are personally financially responsible for the payment for such services to Judy Innes that are not covered by your health insurance plan (longer sessions).

Please contact me at least 24 hours ahead of time if you need to cancel an appointment. Without this notice, you will be charged $150 for appointments missed.

My inclement weather policy is consistent with the St. Vrain Valley School District.
If SVVSD cancels, you will not be responsible for a missed appointment due to weather conditions.

Initial Here _____

***HOW TO REACH ME:** You can reach me by leaving a message on my voice mail at (303) 437-1351. In the event of a psychiatric emergency, please leave me a message on my voicemail indicating that you are in a state of emergency, and, in addition, call 911 or go to your nearest hospital emergency room.

Texting and emailing may be utilized for scheduling purposes. Please refrain from using these methods for other communication.

Initial Here _____

*FEEDBACK: Your input in your treatment is invaluable. Please keep me informed in terms of what you feel works for you/does not work for you in our sessions. Please give me feedback about anything about our work together that causes you distress or makes you feel uncomfortable. You are welcome and encouraged to ask questions about my theory of psychotherapy, any of my policies, your bill, or any other concerns that arise. The better informed you are, the more effective our work together will be.

I have read and I understand the information outlined in this Informed Consent Form. I have had my questions answered to my satisfaction. I have received a copy of this form for my own records.

I hereby acknowledge that I have received the provider's Notice of Privacy Rights.

Client Signature Date

Client Signature Date