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## **Client Disclosure and Agreement for Psychotherapeutic Services**

### **Your Rights as a Client**

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Section of the Division of Registrations. The Board of Registered Psychotherapist Examiners can be reached at: 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals: Registered psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state. Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience. Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience. Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience. Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements. Licensed Social Worker must hold a master's degree in social work. Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.

In a professional relationship, sexual intimacy is never appropriate, and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder. You are entitled to receive information about my methods of therapy, techniques used, and duration of therapy, if known, and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time.

Any person who alleges that a mental professional has violated the licensing laws related to the maintenance of records of a client eighteen years of age or older, must file a complaint or other notice with the licensing board within seven years after the person discovered or reasonably should have discovered this. Pursuant to law, this practice will maintain records for a period of seven years commencing on the date of termination of services or on the date of last contact with the client, whichever is later.

### **Confidentiality**

Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes, as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child or elder abuse, or neglect, or children witnessing domestic violence, to authorities. I am also required to report to authorities a client who is dangerous to oneself, an intention to cause physical harm to another or if there is a suspected threat to national security. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: <http://www.dora.state.co.us/mental-health/Statute.pdf>.

State law and professional ethics requires that all communications between us will be kept confidential except in the following circumstances: you sign a release of information giving me permission to release information to a specific individual or agency; if there are any reports of child abuse, elder abuse or dependent adult abuse; if you are a danger to yourself or others; or if a judge requires a disclosure of records.

In addition, I routinely consult with colleagues and supervisors within and without People House in order to best serve my clients. If you would prefer I do not discuss the details of your case, please notify me verbally at the outset or at any time during the course of therapy.

**Professional Training and Education**

I hold a Master of Arts in Marriage and Family Therapy from Regis University and I am registered with the Department of Regulatory Agencies as a Licensed Marriage and Family Therapist. I am also a Certified Hypnotherapist through the National Guild of Hypnotists and the Eastburn Institute. My theoretical orientation incorporates a blend of psychotherapeutic modalities including systemic, transgenerational, depth, existential, attachment based, solution focused psychotherapy, the Gottman method, Imago therapy, the Enneagram, and therapeutic hypnosis. Please feel free to ask any questions about my experience, qualifications or professional orientation. I am currently in private practice at People House. I rent office space at People House, which is neither my employer nor agent. Neither People House Board Members, staff, nor any other practitioner, is in any way responsible for my services or activities.

**Fees and Payments**

My current charge for individuals or couples is \$120 an hour. Sessions lasting longer than one hour will be prorated by the hourly fee. Payment is due at the beginning or conclusion of each session. If you are unable to continue to pay for therapy, I strongly encourage you to discuss the situation with me so that we may consider all possible options. I do not accept Medicaid clients. If you are receiving Medicaid, please seek treatment from a Medicaid provider.

**Cancellations**

Since I have reserved our appointment time for you, it is my policy to **charge for cancellations received with less than 24 hours notice** except in cases of extreme emergency or illness. I plan to keep my appointments in case of inclement weather in the office, but I can also be available by phone or teleconference, and regular session fees apply. I always want you to feel safe and comfortable, so please let me know 24 hours in advance if you choose not to attend our session in the office due to weather. *By signing below, I/we accept responsibility for payment with less than 24 hours notice.*

**Phone Calls, Emails and Texts**

I try to return all phone calls, email and texts within 24 hours. There is no charge for brief phone calls. Calls lasting longer than ten minutes will generally be charged to the client on a prorated basis. If you choose to contact me by text or email, I will assume you have made an informed decision and understand the risks associated with electronic communication, that the exchange may be intercepted. I cannot guarantee your confidentiality if we correspond electronically. I use text and email to coordinate regarding scheduling, all other content should be discussed in person. In case of an emergency, dial 911 or go to your nearest emergency room.

**Consistency in Therapy**

Beginning or continuing therapy can be a difficult process. Putting the focus on what needs changing and exploring how you would like things to be different, can be an uncomfortable process at the onset and throughout the course of therapy. Things may seem worse before they get better and I am here for you as we work through it together. You may seek a second opinion from another therapist or terminate therapy at any time. If you choose to terminate therapy, I strongly encourage you to discuss this decision with me. Let's discuss your progress and status on an ongoing basis. If you have any questions or would like any additional information, please feel free to ask. You are entitled to a copy of this form.

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client's responsible party.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Date