Jane Davidson Counseling
Denver Colorado 80210

# Jane Davidson Counseling Intake Paperwork

*Please Print Clearly*

| | |
|---|---|
| **Client(s) Name:** | **Birthdate(s):** |
| **Street Address:** | |
| **City, State:** | **Zip Code:** |
| **Email Address:** | **Phone:** |
| **Preferred method of contact (circle all that apply):**<br>**Email** **Phone Call** **Text** | **Is it ok to leave a voicemail (circle one)?**<br>**Yes** **No** |
| **Emergency Contact Name:** | **Relationship:** |
| **Emergency Contact Address:** | |
| **Client(s) Prescribing physician (if applicable):** | |
| **Current medication and dosage:** | |

Person responsible for payment:

By signing below, I/We accept responsibility for the payment of Jane's time and services when they are rendered. Therapy is not an exact science and may take some time to see results depending on the client's efforts toward change inside and outside of session.

"I/We also accept responsibility for payment of sessions cancelled with less than 24 hours notice of the scheduled appointment time. Please sign your understanding and agreement:

Credit card to be charged with less than 24 hours notice:

Credit Card Number: ___________________________________

CVV: ___________Expiration date:___________ Zip code____________"

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## Jane Davidson Counseling Consent to Treatment

## And Recipient's Rights

Client

I, ______________________________________ , the undersigned, hereby attest that I have voluntarily entered into treatment, or give my consent for the minor or person under my legal guardianship mentioned above, at Jane Davidson Counseling. Further, I consent to have treatment provided by a social worker in collaboration with his/her supervisor. The rights, risks and benefits associated with the treatment have been explained to me. I understand that the therapy may be discontinued at any time by either party.

**Recipient's Rights:** I certify that I have received the Recipient's Rights pamphlet and certify that I have read and understand its content. I understand that as a recipient of services, I may get more information from the Recipient's Rights Advisor.

**Non-Voluntary Discharge from Treatment:** A client may be terminated from treatment non-voluntarily, if: A) the client exhibits physical violence, verbal abuse, carries weapons, or engages in illegal acts at the office, and/or B) the client refuses to comply with stipulated program rules, refuses to comply with treatment recommendations, or does not make payment or payment arrangements in a timely manner. The client will be notified of the non-voluntary discharge by letter.

**Client Notice of Confidentiality:** The confidentiality of patient records maintained by the office is protected by Federal and/or State law and regulations. Generally, the Center may not say to a person outside the Center that a patient attends the program or disclose any information identifying a patient as an alcohol or drug abuser unless: 1) the patient consents in writing, 2) the disclosure is allowed by a court order, or 3) the disclosure is made to medical personnel in a medical emergency, or to qualified personnel for research, audit, or program evaluation.

Violation of Federal and/or State law and regulations by a treatment facility or provider is a crime. Suspected violations may be reported to appropriate authorities. Federal and/or State law and regulations do not protect any information about a crime committed by a patient either at the Center, against any person who works for the program, or about any threat to commit such a crime. Federal law and regulations do not protect any information about suspected child (or vulnerable adult) abuse or neglect, or adult abuse from being

reported under Federal and/or State law to appropriate State or Local authorities. Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful. It is the therapist duty to warn any potential victim, when a significant threat of harm has been made. In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records. Professional misconduct by a health care professional must be reported by other health care professionals, in which related client records may be released to substantiate disciplinary concerns. Parents or legal guardians of non-emancipated minor clients have the right to access the client's records. When fees are not paid in a timely manner, a collection agency will be given appropriate billing and financial information about client, not clinical information. My signature below indicates that I have been given a copy of my rights regarding confidentiality. I permit a copy of this authorization to be used in place of the original. Client data of clinical outcomes may be used for evaluation purposes, but individual results will not be disclosed to outside sources.

I consent to treatment and agree to abide by the above stated policies and agreements with Jane Davidson Counseling.

_______________________________________________________
__________________ Signature of Client/Legal Guardian Date

(In a case where a client is under 15 years of age, a legally responsible adult acting on his/her behalf)

_______________________________________________________
__________________

Date________________

Jane Davidson Counseling
1221 S Clarkson Street Suite 206
Denver Colorado 80210

# Disclosure Statement

Jane Davidson LCSW, LMFT

## Client Rights and Important Information:

**Degrees:**

B.A. in Child Development/Education – Connecticut College 1984

Master in Social Work – University of Denver (2011)

Licensed Social Worker license (CW.09923257)

Licensed Marriage and Family Therapist ( MFT.0001218)

I am a member in good standing of: National Association of Social Workers and The American Association of Marriage and Family Therapists

**Liability Insurance:** Hold Social Worker Professional Liability Policy, American Home Assurance Company

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, and unlicensed individuals who practice psychotherapy.

The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is: Department of Regulatory Agencies

Mental Health Section 1560 Broadway Suite 1 350 Denver, CO 80202 (303) 894-7766

1) You are entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if I am able to determine the length of time.

2) My fee is $140 for a 50-minute session or $210 for a 90 minute session and if this is an impediment to therapy, other arrangements can

be worked out through a sliding scale. At this point in time I do provide Kaiser insurance through Denver Family Therapy Center) If you have any other insurance, I am able to provide whatever documentation is needed for you to receive compensation if possible.

Unless otherwise specified, each therapy session is 50 minutes in length. If you need to reschedule or cancel a session, please do so with a minimum of 24 hours notice. If you do not, you will be charged the regular fee for missed sessions. You are personally responsible for missed session fees.

3) I will not conduct therapeutic services over the Internet. Email communication may be used for logistics, such as scheduling appointments, but never for therapy. I will return telephone calls as promptly as possible, usually within 24 hours. If you experience an emergency that requires immediate mental health attention, please call 911 or check in at any local hospital emergency room.

4) You may seek a second opinion from another therapist or may terminate therapy at any time.

5) In a professional relationship, sexual intimacy is **never** appropriate and should be reported to the Department of Regulatory Agencies, Mental Health Section.

6 Generally speaking, the information provided by and to a client during therapy sessions are legally confidential in the case of licensed clinical social workers (**12.43.214 (1)(d) CRS**). If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.

7) Information disclosed to a licensed clinical social worker 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 is related.

8) There are exceptions to the general rule of confidentiality. These exceptions are listed in the Colorado statutes (**C.R.S. 12.43.218**). You should be aware that provisions concerning disclosure of confidential information shall ***not*** apply to:

Any threats of harm to self or others

Any reported ongoing sexual or physical abuse

Any juvenile sexual or physical abuse

In the event that your bill is referred to a collection agency, your identifying information will be provided.

Legal confidentiality does not apply in a criminal or delinquency proceeding.

If you are in couple's therapy with me, it is important for you to know that I will not keep secrets for either person from the other that may be harmful to the therapeutic relationship. If you are a minor and you engage in an activity that I deem to be dangerous to your well-being, this information will not be kept from your parents.

I will seek consultation and supervision regarding your therapy when appropriate, and every effort will be made to keep your name and other identifying information as confidential as possible.

If you are involved in a divorce or custody litigation, you need to understand that my role as a therapist is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in the litigation. By signing this disclosure statement, you agree not to call me as a witness in any such litigation. Experience has shown that testimony by therapists in domestic cases causes damage to the clinical relationship between a therapist and client. Only court-appointed experts, investigators, or evaluators can make recommendations to the court on disputed issues concerning parental responsibilities and parenting plans.

If you have any questions or would like additional information, please feel free to ask.

**I have been informed of my therapist's degrees, credentials, and licenses. I have also read the preceding information and understand my rights and responsibilities as a client.**

**Client's Signature:**

**(Guardian for Minor)**

**Date:**

**Jane Davidson LCSW, LMFT**

**Date:**