

Jenevieve S.G. Russell, MA, LPC, CD

Nurturing Strategies, LLC

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PSYCHOTHERAPY DISCLOSURE AGREEMENT

The following information is intended to explain our arrangement for working together. It includes disclosure information required by Colorado state law. Please sign, date and return it to me by our second session. I'll provide you a copy to keep. If you have any questions, feel free to ask me about them. I feel it is important that you are fully informed of your rights as a client and have an understanding the counseling process.

Service Provider: I, Jenevieve S.G. Russell, MA, LPC, CD, have a Masters Degree in Transpersonal Counseling Psychology from Naropa University (2005). I received a B.S. in Psychology & Sociology: Human Services (1998). I am practicing as a Licensed Professional Counselor in Colorado (CO#5384). I am an independent practitioner and not affiliated with any other mental health professionals. My office colleagues and I share an office space & waiting room, but do not operate as a group practice.

During the course of treatment, I will draw on wide variety of psychological treatment approaches and strategies, according to the presenting problem, therapeutic goals and an assessment of what might best benefit you. My therapeutic orientation incorporates many mainstream, as well as progressive, non-traditional models. The approaches I encompass include cognitive-behavioral, psychodynamic, analytic, humanistic, existential, client-centered, gestalt, psycho-educational, family systems, developmental, attachment, holistic, positive psychology, contemplative, mindful-based, strengths-based and transpersonal.

As a therapist, my key goal is to support you living a life/lifestyle that meets your needs and connects you to a deeper sense of purpose and fulfillment. Therapy focuses on gaining an understanding of yourself and how your experiences, tools, support, thoughts and feelings help to determine the choices you make. I believe in the principles of responsibility, curiosity, appreciation and integrity. We will work together toward your goals in a supportive atmosphere utilizing your strengths, as well as my own.

Beginning Therapy: It is essential to choose a therapist whom you can trust and is a "fit" for you. For this reason, you are invited to interview me and ask about my clinical training, credentials, professional experience, therapeutic orientation, methods and techniques. I am interested in discussing and setting appropriate goals for our working together in order to meet your goals.

Counseling Process: Counseling or psychotherapy varies depending on the personalities of the psychotherapist/ counselor and client, and the particular problems you bring forward. I use many different methods to deal with the problems that you hope to address. Counseling calls for a very active effort on your part, as well as honesty and openness. In order for the

therapy to be most successful, you will have to work on things we talk about both during our sessions and in your everyday life.

Therapy/Counseling can have benefits and risks. Since counseling 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, counseling has also been shown to have benefits for people who go through it. Counseling often leads to better relationships, solutions to specific problems/concerns, and significant reductions in feelings of distress. Treatment goals may be achieved easily and swiftly, but more often the process can be slow and even frustrating. There are no guarantees of the results or what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a plan to follow (if this is what will be most helpful to you and if you decide to continue with counseling). You should evaluate this information along with your own opinions of whether you feel comfortable working with me.

Counseling involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to refer you to another mental health professional for a second opinion. You are welcome to get a second opinion from another therapist at any time. Also, if I believe you may benefit from a treatment/specialty that I do not provide, I will refer you to those resources.

Fees/Payment:

Individual or couples therapy: \$110/hr & \$150/80 minutes

Payments are due in full at the time of your scheduled appointment. Checks, cash, credit/debit cards are accepted. Therapeutic phone calls longer than ten minutes, extended consultations and other auxiliary services requested will be prorated accordingly. Additional traveling fees may be charged for out of office visits. A late payment fee of \$10/month interest compounded monthly will be added to balances remaining unpaid after 30 days. You are responsible for any additional returned check fees. Collection procedures may be initiated after a 60-day period at your expense where no attempt or agreement is made

to pay off balance otherwise. Any exceptions to the policy above must be discussed and agreed to beforehand. You may be responsible for added expenses, including court or attorney's fees if you do not follow the terms of this contract.

Cancellations/Missed Appointments: 24-hour notice is required to cancel or reschedule appointments without penalty. Exceptions made only for emergency circumstances beyond your control that we both agree upon. ***Missed appointments are charged at the full session rate of \$110/\$180. Appointments cancelled or rescheduled within 24 hours are billed at \$75.00.*** Clients are seen by appointment; therefore, if you arrive late, the appointment must end as scheduled and you will be charged for the full amount. This will allow me to see each client when they are scheduled.

Billing/Insurance: You are responsible for payment in full, regardless of your insurance coverage or claim status. A billing statement will be made available to you and will contain all pertinent information required by insurance companies for reimbursement. Please file your own insurance claim by attaching and mailing my statement with your insurance claim form. Insurance companies require a DSM-IV code to represent your diagnosis; they will not reimburse without that code. Any personal information or diagnosis provided to an insurance company can no longer be held to the same standard of confidentiality, and may become part of your permanent insurance record.

Confidentiality: Generally speaking, the information provided by a client during therapy sessions is legally confidential and protected by law. Also generally speaking, I can only release information about our work to others with your written permission.

If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent. Information disclosed by you 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. Some of these exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). Exceptions include cases of imminent danger to self or others, becoming gravely disabled due to mental illness, or child/ elder abuse or neglect. If practicable, I will identify exceptions to you as the situations arise during therapy. To provide most comprehensive services, I may discuss your case in supervision or consults with other mental health professionals regarding treatment. I protect your identity and names/identifying information is never mentioned. Confidentiality is fully maintained.

Communication: My confidential voicemail will take your message if I am with another client or otherwise unavailable. I generally check messages throughout the weekday, but I may not be able to return your call immediately. ***I do not provide on-call crisis intervention. If you are in immediate danger, call 911. If you are in an urgent mental health crisis, contact Emergency Psychiatric Services/Suicide Prevention/ Drug Abuse at 303.447.1665 (24hrs/day).***

You may email me for brief communications or scheduling inquiries. However, ***communicating by e-mail is never secure and may breach confidentiality.*** Confidentiality cannot be assured for electronic communications (*cell phones, emails, fax*). If you choose to communicate with me by these electronic means, I do my best to safe guard your privacy; however I cannot be responsible or liable for breach of confidentiality. Unless noted on this form, you give me permission for such electronic communication with me.

Confidentiality in Public: In order to maintain your confidentiality as a client, I will not speak to or approach you so as to not publically identify you as a client. You are welcome to speak to me/approach me and that will let me know I have your permission to talk with you in public.

Termination of Therapy: You may discontinue therapy at any time. If you decide to change our plan for meeting, please discuss this with me before quitting. I also reserve the right to discontinue meeting with you if you do not keep agreements with me, including your financial responsibilities.

Regulation: The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of psychotherapists. The agency within the Department that has responsibility specifically for psychotherapists is the Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7766. In a professional, therapeutic relationship (such as ours), it is imperative that there is not any other type of relationship. Social, business and sexual intimacy between a therapist and a client is never appropriate. Gifts, bartering and trading services are not appropriate and should not be shared between us. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section.

Modifications:

Client's Signature: *I have read the above information and understand my rights and responsibilities as a client. I have had an opportunity to discuss any concerns to the agreement. I agree to the terms as stated above and consent to receiving counseling services.*

Client's Name (Print): _____

Client/Guardian Signature

Date