Jackie Bay
Licensed Professional Counselor and Registered Nurse
2995 Baseline Rd, Suite 302
Boulder, CO 80303
303-546-0597
License #1353

DISCLOSURE STATEMENT AND AGREEMENT

Interview: In order for you to determine if the therapeutic relationship is a good match, you are invited to interview me by phone or in person for up to 30 minutes at no cost to you. If during or after the initial 30 minute session, you choose to continue to work with me, the initial session will be billed as our first session. During an initial therapy session, we will discuss your needs and how I might help you achieve your goals.

The Therapy Relationship: The purpose of this statement is to provide you with information to make an informed choice about working with me. I am aware that many people who seek psychotherapy may be uncertain about what takes place. My hope is that this statement will help you understand your rights and your responsibilities.

As a therapist, my main goal is to help you live a lifestyle that meets your needs. Therapy, therefore, focuses on helping you gain an understanding of yourself and how your experiences, thoughts, and feelings help to determine the choices you make. The hope is that your life might reflect a deeper sense of fulfillment and purpose. We will work together toward your goals in a supportive atmosphere utilizing your strengths as well as my own.

My view of the counseling relationship is that it is a cooperative relationship with responsibilities on both sides. My responsibilities include sharing with you my referrals to other practitioners or agencies if I believe more specialized or intensive attention is indicated. It is important for you to know that you can seek a second opinion from another therapist at any time.

Decisions you make as a client are your responsibility. It is also your responsibility to keep appointments and to make payment for each scheduled session unless otherwise arranged.

Professional Background:
Masters in Counseling Psychology, 1991
Naropa University

Bachelor of Science in Nursing, 1978
Central Missouri State University

Licensure: Licensed Professional Counselor # 1353
Registered Nurse # 70197

Client Rights and Important Information:
1. You are entitled to receive information from me about my methods of therapy, the techniques I use, the likely duration of your therapy (if it can be determined), and my fee structure. Please ask if you would like to receive this information.

2. You can seek a second opinion or terminate therapy with me at any time. If possible, please discuss your plans for termination with me before stopping services. I also reserve the right to discontinue meeting with you if you do not keep agreements with me, including your financial responsibilities.

thoughts, feelings, impressions, and ideas. I may make suggestions in line with the goals you have set and use techniques which are appropriate to your goals. Occasionally I make

should be reported to the Department of Regulatory Agencies, Mental Health Section.

Confidentiality: Generally speaking, the information provided during therapy sessions is legally confidential if the therapist is a licensed professional counselor. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.

Information disclosed 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. A release form must be signed before information can be given to anyone whom you specify.

There are exceptions to the general rule of legal confidentiality. These exceptions are listed in Colorado statutes (C.R.S. 12-43-218). You should be aware of provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S. There are exceptions such as: cases of immanent danger to self or others, serious threats to harm self or others, child abuse/ neglect, suspected threats to national security, state grievance board actions, professional supervision or when collecting fees when in default. If the necessity to break you confidence arises, I will attempt to discuss it with you first.

Confidentiality cannot be assured for electronic communication like cell phones, e-mails and fax. If you chose to communicate with me by these electronic means, I am not responsible or liable for breach of confidentiality. Unless noted on this form, you give me permission for such electronic communication with me.

3. In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it

needed to provide professional services to you, the client.

Communication: My confidential phone voicemail will take your message if I am not available. I generally check messages throughout the day, but I may not be able to return your call immediately. I DO NOT PROVIDE "ON CALL" CRISIS INTERVENTION. When I am out of town, my voicemail will direct you to emergency procedures. *If you are in crisis or at risk for harming yourself, please call 911 or you local mental health center. The number for Emergency Psychiatric Services/ Suicide Prevention/ Drug Abuse (24 hours) is* 303-447-1665. You may also e-mail me for brief communications or scheduling inquiries; however, remember that confidentiality cannot be guaranteed. E-mail is not to be used as a form of therapy. I usually read my e-mail on a daily basis.

Cancellations/Missed Appointments: 24 HOUR NOTICE IS REQUIRED to cancel or reschedule an appointment without penalty. Exceptions are made only for emergency circumstances (ex. hazardous driving conditions, severe or contagious illness, etc) MISSED APPOINTMENTS ARE CHARGED AT THE FULL SESSION RATE.

Fees/Payment: $95 per 55 minute session. Cash, check or credit card payment is due at the time of each session. Phone calls lasting longer than 15 minutes are billed at $1.65 per minute plus $25 for the first 15 minutes. It is your responsibility to manage your phone time. Extensive coordination of care with other professionals on your behalf will be $1.75 per minute. Late payment fees are $10/month compounded monthly, and will be added to unpaid balances after 30 days. Collection procedures will be initiated after 60 days with the additional fees at your expense.

Insurance: You are responsible for payment in full regardless of your insurance coverage or claim status. An invoice will be made available to you

on request. You are responsible for filing your own claim or for a $5 monthly fee, my bookkeeper will forward the claim to your insurance company.

There may be times when I may need to consult with a colleague or another professional, like an attorney, about issues raised by the client in therapy. Client confidentiality is still protected consultation by the professional consulted and myself. Signing this disclosure statement gives me permission to consult as

I have read, understand and agree to the above during information.

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Client/Guardian signature Date