

DONNA JANTZ, MA, LPC, LLC

Phone: 720-351-0052 E-Mail: donnajantz@q.com Website: donnajantzllpc.com

Individual Disclosure Statement and Consent Form

DEGREES

- Denver Seminary (1990-1991); Master of Arts in Counseling Psychology
- Lesley College, Cambridge, Massachusetts (1995); Master of Arts in Counseling Psychology

CERTIFICATIONS

- Licensed Professional Counselor
- EMDR, Eye Movement Desensitization and Reprocessing, Level I & II and Advanced Training
- TFT, Thought Field Therapy, Level I & II
- BSP Brainspotting Level I & Level II

AFFILIATIONS

- American Counseling Association

CONFIDENTIALITY: Information provided by you during therapy sessions is legally confidential, except in instances of suspected child abuse, neglect, molestation or expressed intention to harm oneself or another, or when we see clear and foreseeable harm to yourself or another or, in some cases of child custody matters as well as in some criminal and delinquency proceedings. Other exemptions may be listed in the Colorado statute, section 12-43-218 CRS-1998. You will be informed if, in my judgment, any matter may need to be disclosed to proper authorities.

CLIENTS RIGHTS: The practice of both licensed and unlicensed persons in psychotherapy is regulated by:

Colorado State Department of Regulatory Agencies
1560 Broadway, Suite 1340
Denver, Colorado 80202
Phone: 303-894-7766

You may direct any concerns regarding the practice of mental health to the State Board.

- You are entitled to ask about the methods of therapy, the techniques used and the duration of a therapy if known.
- You may seek a second opinion or may terminate therapy at any time.
- You should know that in a professional relationship, sexual intimacy is never appropriate and should be reported.

MESSAGES: Please call any time. I will return calls during normal business hours.

In case of an emergency, please call 911 or go to your closest emergency facility.

FEES:

- All fees are paid at the time of service. The fees for a 50-minute therapy session are based on usual customary and reasonable fee profiles for this area of \$110.00. Fees for an 80-minute session will be billed at \$160.00
- I reserve the right to bill for missed appointments not canceled within 48-hour notice or unless there is an emergency. They will be billed at half the fee.
- Telephone calls exceeding 10 minutes will be charged at the same rate as one therapy session.
- Additional requests for paperwork, references, testimonies and summary treatments will be billed out at the regular hourly rate.
- Court appearances and witness requests are billed at the regular hourly rate, as well as any traveling to locations outside, report writings, and phone consultations.
- OUTSTANDING BALANCES AND COLLECTIONS: Outstanding balances are subject to a compounding monthly interest rate of 2%. Parties agree to pay any fees or costs incurred by Donna Jantz to collect any outstanding amounts owed by client. Such fees and costs may include, but shall not be limited to, collection agency commissions, fees or charges, attorney fees and costs. Each party shall be jointly and liable for the fees and costs incurred pursuant to this paragraph.

FINANCIAL AGREEMENT AND AUTHORIZATION FOR TREATMENT:

I attest that I have read this information sheet. I am aware of my therapist's degrees and credentials. I understand the conditions as stated above and I agree to receive treatment under these conditions.

Signature of client/person responsible for payment

Phone

Date

Street Address

City, State, Zip Code

Sincerely,
Donna Jantz LPC, LLC

Please check box if you have read and understood the HIPPA form.