



Disclosure Statement

Degrees and Certifications:

MA, Counseling – DENVER SEMINARY (CACREP Accredited Program, see www.cacrep.org)

MA, English Literature – UNIVERSITY OF COLORADO

BA, English and American Literature – HARVARD UNIVERSITY

Licensed Professional Counselor¹ (Colorado License #5867)

Eye Movement Desensitization and Reprocessing (EMDR) Trained (Level II)

Prepare and Enrich Marital and Pre-Marital Counseling Certification

Psychotherapist Oversight Agency: 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 Psychologist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

No Sexual Intimacy: In a therapist-client relationship, sexual intimacy is never appropriate. If it occurs, it should be reported to the Mental Health Section of the Division of Registrations at the address listed above.

Therapeutic Methods: You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. Please ask me if you would like to receive this information.

Session Length: Counseling sessions are 45 minutes long. If you are late, you are welcome to receive whatever time remains of your appointment as initially scheduled. If an emergency prevents me from beginning our session on time, I will prolong our initially scheduled time or reschedule with you to ensure that you receive the full scheduled time.

Fees: A 45 minute session is \$130. There is no charge for session cancellations or schedule changes as long as they are made 24 hours in advance of the originally scheduled time. Sessions that are missed or canceled less than 24 hours in advance will be charged to your credit card at the regular rate of \$130. If a miscommunication occurs about a session time, whichever of us had a discrepancy with the time written on your previous session's receipt will be responsible for the missed session payment. I will provide information to physicians, attorneys, courts, etc. at your request. My fee for these professional services, consultations, reports, and letters is \$130 per hour.

Payment Procedures: I accept cash, personal checks, or credit card payments. If a personal check is returned, a \$31 service fee will be added to the original amount of the check and charged to your credit card. These direct billing methods safeguard our relationship by allowing our interactions to focus on progress toward your goals, rather than on payment logistics and delays. They also allow me to avoid disclosing your billing information to independent billing or collection companies aside from your personal credit card

¹ As to the regulatory requirements applicable to mental health professionals: a Licensed Professional Counselor, a Licensed Clinical Social Worker, and a Licensed Marriage and Family Therapist must hold a masters 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. A Licensed Social Worker must hold a masters degree in social work. A 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. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelors degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

company. I will safeguard your credit card information by storing it only in the credit card processor's encrypted online system which meets all PCI credit card security standards required by law.

Insurance: Your insurance company may provide partial reimbursement for my services as an out-of-network provider. I ask that you pay me directly and fully at the time of session, and then I will periodically provide you with a billing summary to submit to your insurance company for reimbursement. Because you have paid up front, there will be no "surprise billing" later on, as can happen with out-of-network services that bill after services have been delivered (see CO House Bill 19-1174 Out-of-network Health Care Services). Prior to starting therapy, please ask your insurance company about out-of-network reimbursement including: prior authorization requirements, deductible amount, copay responsibility, number of sessions allowed per year, and percentage covered by insurance. Ask them to send you written confirmation of their reimbursement commitment including the above details. If they refuse, document the conversation yourself, including the name of the person you talked to, the date and time of the conversation, and a conversation reference number.

No Surprises Act Information: Under the No Surprises Act, in advance of scheduling services, you have the right to receive a Good Faith Estimate of medical items and services—including related costs like medical tests, prescription drugs, equipment, and hospital fees. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill, provided you save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call the Colorado Division of Insurance at 303-894-7490 or 1-800-930-3745.

Therapy-Specific Good Faith Estimate: Unlike the medical procedures that are the primary focus of the No Surprises Act, private pay counseling is a flexible service, where the length and frequency of care is determined by your changing needs and circumstances over time. This prevents me from calculating the precise cost of your therapy in advance of providing services. Instead, I can provide you with the guidelines I use to estimate treatment length. You may use these, plus the session rate information above, to determine your length, frequency, and cost of services based on the kinds of concerns you wish to address in therapy.

- **Specific, Non-Complicated Problem Focus:** If there is one particular problem you want to work on (e.g. learning discrete relationship skills for a troubled relationship, gaining new insight into a confusing life circumstance, brainstorming about a life decision) AND you want to focus on that problem exclusively during our session time, you will likely notice some relief, if not full resolution from this problem, in 10 sessions or fewer. If other connected problems emerge during this time, you may choose to prolong therapy to explore these additional concerns if you like.
- **Complicated Problem Focus:** Some problems that are simple to state, like "depression," do not have a single cause. They may stem from trauma, stuck circumstances, biological factors, thinking errors, attachment disturbances, existential crises, etc. I will not always know right away if your problem is complicated because that only becomes clear after we've tried several solution approaches without full success. As soon as I discern complications that would prolong therapy, I will tell you. Then we can discuss the range of factors involved, what you are willing to try for how long, and how you want to define sufficient resolution to warrant ending therapy.
- **EMDR:** If your therapy involves trauma processing to resolve PTSD-related symptoms, a good estimate is 1-2 sessions per trauma. This estimate allows for some traumas to take 4-6 sessions to process, while others will resolve on their own and require no sessions because they were related to those specifically worked on.

- **Ongoing Support:** Rather than focusing on particular problems, you may prefer to use therapy to process whatever is occurring in life at the moment. In that case, therapy lasts as long as you want regular support. You determine therapy frequency and end date according to your current stress level and support needs.
- **Calculating Costs:** With these guidelines in mind, if your goals require weekly meetings for a year (minus vacations), the cost would be $\$130 \times 50 = \$6,500$; biweekly would be $\$130 \times 25 = \$3,250$; monthly would be $\$130 \times 12 = \$1,560$. If you have further questions about the duration/cost of your therapy, I'm happy to answer them at any time.

Confidentiality: Generally speaking, the information provided by and to the client in a professional relationship with a psychotherapist is legally confidential and the therapist cannot disclose the information without the client's consent.

- **Legal Exceptions:** There are several exceptions to this general rule of confidentiality that are required by law.
 - a) I am required to report to the county child protection services any information disclosed to me about suspected incidents of current child abuse or neglect or past incidents where the abused child is currently under age 18, or where the abuser currently has access to children.
 - b) I am required to report to law enforcement current or past suspected incidents of abuse or neglect of dependent persons over 70 years of age.
 - c) If clients become a danger to themselves or others, or are incapable of self-care, I am required to report threats of imminent physical harm by a client to law enforcement and to those threatened to protect the client and other involved persons. If I become concerned about a client's welfare or safety, it is my policy to request that law enforcement do a welfare check.
 - d) I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or others, or who is gravely disabled as a result of a mental disorder.
 - e) I am required to report any suspected threat to national security or to federal officials.
 - f) I may be required to disclose treatment information when directly ordered by a court of law, or in the case of delinquency or criminal proceedings (except as provided in C.R.S. § 13-90-107).

I will inform you of any other legal exceptions to confidentiality if they arise in therapy, or you may read about them in Colorado Revised Statute § 12-245-220.

- **Minor Clients:** When I consult with parents regarding clients under age 18, specific content of the therapy sessions will be held in confidence unless client welfare requires that parents have access to such information. In most cases, I will arrange joint meetings between minor clients and their parents as part of the therapy process.
- **Couple Clients:** In couples counseling, information disclosed by one partner when the other partner is not present will not be kept confidential from the other partner. Information disclosed in couples therapy will not be released to other parties without signed consent from both partners.
- **Professional Consultation:** To assure the quality of your care, I periodically consult with colleagues or field experts who are bound by the legal confidentiality standards described above. If we discuss issues pertinent to your therapy, your circumstances will be generalized and all identifying information will be concealed.
- **Billing Information:** If you choose to pay by credit card, or if I charge your credit card for a missed appointment or a phone consultation longer than 10 minutes, the amount, date of charge, and my business name will appear on your credit report, producing a record of services visible to your credit card

company. No specific content of our sessions (e.g. diagnosis, treatment plan, session notes) will be disclosed to billing or credit agencies without your signed consent.

- **Public Encounters:** To protect your confidentiality if we happen to see each other in public, I will follow your lead. If the situation would affect your confidentiality and you choose not to greet me, I will likewise conceal the fact that I know you and will certainly not be offended. If you choose to greet me, I will respond. If others ask how you know me, I will let you answer.

Phone Policies: To contact me, please leave a message on my confidential voice mail at 303-931-4284 and I will return calls within 24 hours. If you do not hear from me within that time, please call me again, inform me of the delay, and I will return your call as quickly as possible. If an emergency arises that requires immediate response, please call 911 or contact the community health center for your county: Boulder County 303-447-1665 (24-hour crisis line), Longmont Area 303-678-6200 (8 AM to 5 PM), Denver County 303-436-6266 (24-hour crisis line).

Inclement Weather: If icy roads, blinding snow, or flooding make the roads unsafe to drive at the time of our scheduled session, I will reach out to you in advance of the session to ask whether you would like to do a phone or video session instead, or to reschedule at no additional charge. If you have not heard from me that day, it means that I am planning on holding our scheduled session in person as planned. In that case, if your local conditions prevent driving, you may call me to request a phone, video, or rescheduled session.

Vacations: When I go on vacation longer than a weekend, I will provide you with advanced notice. Please ask me if you would like to meet with another therapist in my absence and I can help arrange that for you. If a crisis arises during this time, you may call the alternate therapist, the crisis lines listed above, or 911.

Termination: You may seek a second opinion from another therapist or terminate therapy at any time. Several weeks' advance notice allows me to provide you with helpful referrals and plan for closure to our process. If this is not possible, I will still do my best to help you leave well. If I have not heard from you within one month, I will contact you to clarify what you need at that point. If I do not get a response, I will assume you have decided to terminate and I will close your file. This ends my legal responsibility for overseeing your welfare. Of course, your file can be reopened should you wish to return at a later time.

Record Retention: I will retain the file containing your signed paperwork, session notes, and other documents related to your therapy for seven years after our final session. At that time all records and information related to your therapy will be destroyed, according to Colorado Revised Statute §12-245-226.

Spiritual Resources: Many clients from a variety of cultural and religious backgrounds find that personal and community spiritual resources significantly support their progress toward therapy goals. As part of the initial assessment process, I will ask you about your current spiritual world view and resources and whether you feel that these might assist you in achieving your therapeutic goals. My own spiritual background is in the Christian tradition. If it is important to you to approach your therapy from this perspective, please let me know. Regardless of your philosophical and spiritual background and preferences, I will always strive to support you in pursuing the values and resources that you feel will best support your progress in therapy.

Client Expectations: There are several things that you can do to increase the effectiveness and efficiency of your therapy process. By attending every session, arriving on time, using the restroom before your appointment, and turning off all electronic equipment, you can remove delays and distractions that get in the way of in-session progress. You may make the most of your time between sessions by completing homework assignments that we agree upon in session; keeping a record of thoughts, dreams, and feelings pertaining to your therapy goals; clearing time in your schedule to process what you are learning; and enlisting the help of other people in your life who can support you in your growth efforts. You may ask me to recommend books,

movies, articles, workshops, or other resources that will help your progress in therapy. While my short-term goal is to help you practice the skills you need to attain your goals in the context of a supportive, trustworthy relationship, my long-term goal is to work myself out of a job by helping you develop the relational, emotional, cognitive, physical, spiritual, and vocational resources you need to pursue long-term health and growth without my assistance. The more actively you pursue your own growth goals in and between sessions, the better your progress will be.

I(We) have read the preceding information and understand my(our) client rights.

Client #1

Signature: _____ Today's Date: _____

Printed Name: _____ Date of Birth: _____

Cell Number: _____ Email: _____

Address: _____ City: _____ Zip: _____

Emergency Contact Name: _____ Phone: _____

How did you hear about me? (check one) Web Search Newsletter Acquaintance,
name: _____ Other: _____

Couple Client #2

Signature: _____ Today's Date: _____

Printed Name: _____ Date of Birth: _____

Cell Number: _____ Email: _____

Address: _____ City: _____ Zip: _____

Emergency Contact Name: _____ Phone: _____

Counselor's Signature _____ Date: _____



Jennifer Diebel, MA, LPC
Licensed Professional Counselor

3393 Iris Avenue, Suite 104, Boulder, CO 80301
info@jenniferdiebel.com, www.jenniferdiebel.com
Phone: 303.931.4284, CO License: 5867
EIN: 27-2066966, NPI: 1285957837

TELEHEALTH AUTHORIZATION

I _____ (printed client name) have been informed that there is no way to guarantee the confidentiality of conversations occurring over mainstream telephone or video conferencing applications such as Skype, Zoom, Google Meet, Google Hangouts, Messenger, etc.

While a HIPAA-compliant platform (VSee) is available, I understand that it requires downloading additional applications, additional steps for session initiation and scheduling, and from time to time, bandwidth limitations and delays because it is a less mainstream service. To minimize technical difficulties and delays, I give Jennifer Diebel permission to conduct sessions using any of the abovementioned non-HIPAA-compliant communication platforms.

I understand that I may revoke this authorization at any time. In order to revoke this authorization, I understand that I must provide written notice to Jennifer Diebel.

I hereby release Jennifer Diebel from liability that may result from using these non-HIPAA-compliant communication platforms. A copy of this release may be used with the same effectiveness as the original.

Client Signature

Date: _____