

Informed Consent for Psychotherapy

Jontay Jongsma LPC NCC MA

DISCLOSURE and CONSENT

THERAPIST NAME: Jontay Jongsma

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DEGREE(S): B.S. Applied Social Science; MA Clinical Mental Health Counseling

CREDENTIALS: Licensed Professional Counselor; License # LPC.0018454

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. Questions or complaints may be addressed to:

The Board of Licensed Professional Counselor Examiners

1560 Broadway, Suite 1350

Denver, Colorado 80202

(303) 894-7800

www.dora.state.co.us/reg_investigations/file_complaint.htm

(http://www.dora.state.co.us/reg_investigations/file_complaint.htm).

1. The following statement is mandated by Colorado Law

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The regulatory boards can be reached at 1560 Broadway, Suite #1350, Denver, Colorado 80202, (303) 894-7800. The regulatory requirements for mental health professionals provide that a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor 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 1,000 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 listed in the State's database and is authorized by law to practice psychotherapy in Colorado, but is not licensed by the State and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.

2. General information:

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by signing this document.

Therapeutic Process You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

You are entitled, to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy, if known, and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. However, there are exceptions to confidentiality that include, but are not limited to **mandatory** reporting of: (1) suspected or disclosed child abuse or neglect, (2) sexual misconduct by another therapist, (3) suspected or threatened imminent harm towards self or others, (4) disclosures pursuant to federal and/or state court orders, (5) subpoenaed testimony.

3. Communication between sessions

If you need to reschedule a session or briefly share non-emergency information between sessions with me, you may reach me at my cell phone: **970-208-5380** You are welcome to leave a voicemail or text me. I will return all phone calls within 48 hours during the work week (Monday- Friday), excluding holidays. If there is an emergency situation or crisis, please call **911** or the crisis line at **(888) 207-4004**. You can also call on call at **(970) 234-7004**.

4. Confidentiality Disclaimer for Sessions in Public Places.

By signing this consent form, you understand that because you may engage in therapeutic interventions which occur out in the community, confidentiality will not be assured due to the public nature of the setting. Additionally, dependent on the content of the disclosure, the therapist may ask you to refrain from disclosing further until you are in a location where confidentiality may be maintained.

5. Scheduling and Cancellations

If you are not able to show for our scheduled appointments, please inform me at least 24 hours in advance. If you have two late arrivals and/or no shows, we may need to have a conversation about scheduling and possible termination of services.

6. Professional Records

Under Colorado law, C.R.S. § 14-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, rather than session notes, consistent with Colorado law

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.