

Disclosure Statement & Agreement Form

Jessica Higgins, PhD, LPC

Licensed Professional Counselor (LPC-5464)

www.drjessicahiggins.com

1035 Pearl Street, Suite 400

Boulder, CO 80302

303-506-8057

This disclosure statement and agreement form contains important information about my professional services and business policies. Please read, sign, and date this form on the spaces provided below. Please let me know if you have any questions or concerns. You may revoke this agreement in writing at any time. That revocation will be binding on me unless I have taken action in reliance on it: if you have not satisfied any financial obligations you have incurred.

Jessica Higgins, PhD, LPC

Licensed Professional Counselor in the state of Colorado (LPC-5464)

Ph.D. in Clinical Psychology from the Institute of Transpersonal Psychology

M.A. in Counseling Psychology from Lewis & Clark College.

Member of American Psychological Association

Member of Association of Transpersonal Psychology

Client Rights and Important Information:

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, licensed or certified addiction counselors, and unlicensed individuals who practice psychotherapy. The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7766.

- 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 if you would like to receive this information.
- You can seek a second opinion from another therapist or terminate therapy at any time.
- In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section.

- Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist. 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 psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist 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. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). You should be aware that 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 that I will identify to you as the situations arise during therapy. Some of these exceptions include: serious threat or intent to harm others or yourself; abuse or neglect of children, abuse or suspected abuse of the elderly or others unable to care for themselves; subpoenaed testimony in criminal court cases and orders to violate privilege by judges in child-custody, divorce, and or other court cases.

I have read the preceding information and understand my rights as a client.

Client/Legal Representative Signature

Date

Client/Legal Representative Signature

Date

Jessica Higgins, PhD, LPC

Date

Agreement Form

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Psychotherapy

Psychotherapy has been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, significant reductions in feelings of distress, and greater insight into personal goals and values. As with any treatment modality, there are no guarantees of what you will experience.

Fees:

The fee for a 50-minute psychotherapy session is \$120. Payment in full is expected at the time of service in the form of cash or check; a prepaid Paypal payment may also be made before a scheduled session.

I understand that I am legally responsible for payment for my psychotherapy services. If my payment is returned due to non-sufficient funds, than I will pay for any associated fees incurred.

Please notify Jessica Higgins, PhD, LPC if any problems arise during the course of therapy regarding ability to make payments. A late payment fee of 2% interest compounded monthly will be added to balances remaining unpaid after 30 days. Collection procedures may be initiated after a 60 day period where no attempt or agreement has been made to pay off the past due balance.

Cancellation Policy:

Please note there is a 48-hour cancellation policy.

If I am unable to attend a scheduled appointment and do not call to cancel or reschedule before the 48 hour time period, I will be responsible for the scheduled psychotherapy fee.

Participation in Counseling/Psychotherapy:

I understand that for counseling to be most successful, I will need to be actively engaged and participate in my own healing and growth. Additionally, I understand the work that I do outside of therapy sessions will greatly impact my progress.

Risks of Counseling/Psychotherapy:

I understand counseling may feel challenging and difficult at times. Uncomfortable feelings and experiences may be addressed within counseling (in that I may feel anger, sadness, guilt, grief, loss, frustration, etc.).

While progress may be happening, I may feel worse before I start to feel better. However, I ultimately get to decide what we discuss and work with. If I feel uncomfortable or not ready to discuss a particular issue at any point, this is completely okay.

Communication

I understand that email, faxing, or using a cell phone is not a confidential means of communication. I will not hold Jessica Higgins, PhD, LPC responsible or liable for breach of confidentiality if I choose to communicate with my psychotherapist by these means. I also understand that Jessica Higgins, PhD, LPC will not offer therapeutic services via email.

If you need to contact Jessica Higgins, PhD, LPC between sessions, please call 303-506-8057. If you receive a voice recording and leave a message, your call will be returned as soon as possible.

Crisis:

If I have a life-threatening emergency, I will either call the Suicide and Crisis Hotline at 303-447-1665, call 911, or go to the nearest emergency room. I understand that Jessica Higgins, PhD, LPC provides non-emergency therapeutic services by scheduled appointments. If I may need additional or more intensive services, my therapist may refer me to another organization to receive extended services.

Consultation and Supervision:

I understand that it is ethical and common practice for psychotherapists to consult with other professionals or colleagues about issues that arise within therapy. My confidentiality will still be protected during consultation and supervision sessions. Signing this disclosure gives my psychotherapist permission to consult and seek supervision as needed to provide professional services to me as a client.

Professional Use of Therapy Material: Jessica Higgins, PhD, LPC has my permission to use incidents from my therapy work with her as examples in her professional work (papers, articles, books, lectures, training groups and workshops) on psychotherapy. I understand that while the examples will be vivid enough to convey a sense of what happened, the details will be altered to protect my identity, and my name will not be used in this material.

Court Fees:

If my therapist is subpoenaed by the court, I understand that court testimony on my behalf is charged at a higher rate of \$190 per hour including: testimony related matters like case research, report writing, travel, depositions, actual testimony, cross examination time, and courtroom waiting time.

Termination:

At any time, I have the right to discontinue therapy. If I decide to terminate therapy, I understand that it can be helpful and beneficial to discuss termination with my therapist (i.e. for closure, processing, saying goodbye, etc.). Jessica Higgins, PhD, LPC also reserves the right to discontinue therapy (i.e. due to continual cancellations, lack of payment, etc.).

I have read the preceding information. By signing below, I acknowledge my understanding and agree to all the terms discussed in the disclosure statement and agreement form. My signature also serves as consent to treatment with Jessica Higgins, PhD, LPC.

Client/Legal Representative Signature

Date

Client/Legal Representative Signature

Date

Jessica Higgins, PhD, LPC

Date