

DENVER DIABETES COUNSELING

Jenna Eisenberg, LMFT
5650 Greenwood Plaza Blvd, Ste 225K
Greenwood Village, CO 80111
720-420-6541
www.denverdiabetescounseling.com

Confidentiality and Disclosure Statement

Jenna Eisenberg, Licensed Marriage and Family Therapist (LMFT) and Denver Diabetes Counseling is regulated by the Colorado Department of Regulator Agencies, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7766. Law requires that you be informed of the following:

Educational Degrees:

Bachelor of Communications
Minor in Business/ Business Foundations Program
Masters of Science/Concentration Marriage, Family and Child Counseling

Licensing:

California Licensed Marriage and Family Therapist; Received: 01/2009, License # 46807
Colorado Licensed Marriage and Family Therapist; Received: 12/2009, License # MFT-898

Client's Rights:

- You are entitled to receive information from me about my methods of therapy, 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. Confidentiality is a principle right of a client in a relationship with a therapist. If the information is legally confidential, it 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.
- You have a right to review your records; this may be requested through your therapist.

Exceptions to 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.

Colorado State Law 27-10 mandates that if a person is gravely mentally disabled or a danger to oneself, confidentiality cannot be honored unless voluntary corrective measures are implemented. If there is evidence of immediate danger to another person, that party or local police must be warned.

Colorado Children's Code requires therapists to report any past, current or suspected child abuse or neglect of a minor.

Colorado Mental Health Act 27-10-103 states that clients who are minors (under 18 years) have limited rights of confidentiality. I will use professional judgment regarding what needs to be shared with parents, and the minor client and I will work together to determine the best decision in sharing issues with parents and understanding the rationale for disclosing any information.

Insurance companies often require a clinical diagnosis, and some require a prognosis. I will use the upmost discretion when issuing receipts to clients who would like reimbursement from their insurance companies.

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Authorization to allow communication with your physician/s, previous therapist/s, and other pertinent persons is often initiated to facilitate the therapy's effectiveness. I may ask you to sign an authorization to release information form, and you have the right to refuse to authorize obtaining/sharing of information, or you may specify what information may be received or shared. Keep in mind, insurance companies may require information regarding billing, and updates about participation and treatment goals in order to reimburse you for services. The highest level of professionalism and discretion is maintained in any exchanges of information.

Repeated requests for payment of a delinquent bill for services may result in the account being given to an agency for collection.

Consent for Treatment of a Minor

I/we parents/guardian of _____

Give my/our permission to Jenna Eisenberg, LMFT and Denver Diabetes Counseling Services to provide treatment services to the above children. This consent will become void when treatment is terminated. I authorize that I/we have the legal custody needed to consent for the above children to participate in psychotherapy treatment.

Cancellation/No Show Policy

Services provided to you or your family may be terminated if you no-show for three consecutive therapy sessions. Patterns of cancelling therapy sessions may be explored in treatment, and may also be grounds for termination. If you do not show or do not cancel your session 24 hours ahead of time, you will be responsible for a \$50.00 fee at or before the next scheduled appointment.

Hours and Availability

I am available for sessions from 11:00am to 8:00pm on Monday and Wednesdays and Thursdays from 12:00pm to 8:00pm. On Friday, I am available from 11:00am to 6:00pm and some Saturdays from 10:00am to 2:00pm. You may call me to leave non-urgent messages during the week and on the weekends, and I will get back to you within 24 hours. However, after 4pm on Fridays, I do not check voicemail until after 8:00am on Monday morning. I will get back to you by the end of business day on Monday. Remember, for any psychological emergencies, call 911, or go to the nearest emergency room. I will follow up with you and/or the providers as soon as I am informed of the emergency.

I have read the preceding information and understand my rights as a client or guardian of a client. I understand that I may ask questions at any time for clarification of any of the above information.

Client Signature

Date

Client Signature

Date

Therapist Signature

Date