



**Disclosure Statement and Confidentiality Agreement**  
**Jennifer Corey, MA**  
**303-827-4973**

**Personal Background and Therapy Training**

I received my Masters in Counseling Psychology from [Naropa University](#) in Boulder Colorado. I hold a Bachelor of General Studies with concentrations in psychology, photography and fine arts, from the University of Dayton in Dayton Ohio. I have additional training in Body Psychotherapy, Trauma work, and Gestalt from the [Boulder Psychotherapy Institute](#). I am a member of the Colorado Association of Psychotherapists, and the United States Association for Body Psychotherapy.

**Colorado Department of Regulatory Agencies**

The practice of licensed and unlicensed persons in the field of psychotherapy is regulated by the Colorado Department of Regulatory Agencies. The address for the Mental health Section responsible for licensed and unlicensed psychotherapists is:

Department of Regulatory Agencies  
Division of Registrations  
Mental Health Section  
1560 Broadway, Suite 1350  
Denver, CO 80202  
(303) 894-7800

**Confidentiality**

*My responsibilities to you:*

With the exception of specific legal circumstances described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not disclose to anyone what we discuss in session, or that you are even in counseling, without your written permission.

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.

2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services and Adult Protective Services.

3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.

Exceptions to the confidentiality rule are listed in the Colorado statutes (C.R.S 12-43-218). 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. These are exceptions that will be identified to you should any such situation arise during therapy.

### *Your responsibilities as a Client:*

Please be responsible for coming to your session on time and at the time we have scheduled. Sessions will be 50 minutes or 75 minutes depending on what we have determined. If you are late, we will end on time and not run over into the next person's session.

### *Your rights as a client*

- a. You are entitled to information about my methods of therapy, techniques I use, the duration of therapy (if it can be determined), as well as my fee structure. Please feel free to ask if you would like to receive this information or if you have any additional questions.
- b. You are entitled to seek a second opinion from another therapist or terminate therapy at anytime.
- c. In a professional relationship (such as ours), sexual intimacy between a therapist and client is never appropriate and should be reported to the Department of Regulatory Agencies, Mental Health Section.
- d. Confidentiality (please see above confidentiality section)

## **Cancellation Policy**

Please allow 24 hours notice if you decide to cancel a session so that I have time to schedule others in your place.

Although I will take into consideration personal emergencies and extenuating circumstances, fees will still be charged for appointments missed without 24 hours notice. I also reserve the right to terminate therapy if cancellations or no-shows become excessive and are unable to be dealt with in the therapeutic relationship. I will discuss this with you prior to canceling services. Please be mindful of your time and mine.

## **Ending Therapy**

You have the right to terminate therapy at any time and you will typically be the one who decides when therapy will end, with the following exceptions:

- a. If cancellations and no shows become an issue, as described above
- b. If I am not, in my judgment able to help you because of the particular concern you have, or because my training and skills are, in my judgment, inappropriate, I will inform you of this and refer you to another therapist who may meet your needs.
- c. If you do violence to, verbally or physically, threaten or harass me, I reserve the right to immediately discontinue your therapy.

If I terminate your therapy I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

I have read the preceding information and understand my rights and responsibilities as a client. My signature below acknowledges this understanding and indicates I accept the conditions of psychotherapy.

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Client/ Signature

Date

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Therapist Signature

Date



**Contact and Emergency Information**  
**Jennifer Corey, MA**

If you need to contact me regarding cancellations, to schedule an appointment, or if you have additional questions or concerns regarding counseling, please call 303-827-4973. This is a confidential voicemail and will be checked only by me once or twice per day. Please leave a message, and, if necessary I will return your call within 24-48 hours. Please keep in mind that it may take longer for me to return a call made over a weekend.

If you are having an emergency that requires you to speak with someone immediately, please call one of the crisis lines below:

Safehouse Crisis Line: 303-318-9989  
Suicide and Crisis Line: 303-860-1200  
Rape Crisis Line: 303-443-7300

If you believe that you cannot keep yourself safe, or you are experiencing a life-threatening emergency, please call 911 or go to your nearest emergency room for assistance.