



JMK Counseling Services, PC
Jessica M. Kuhn, MA, LMFT
109 Coronado Court, Building 7
Fort Collins, CO 80525
(970) 658-0362

Service Provider

Jessica Kuhn, M.A., LMFT

Education/Degrees

Master of Arts, Clinical Psychology, Marriage and Family Therapy
Pepperdine University, 2010

Bachelor of Science, Human Development and Family Studies
Colorado State University, 2005

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

As to the regulatory requirements applicable to mental health professionals:

- ✓ Registered psychotherapist is a psychotherapist 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.
- ✓ Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- ✓ Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.
- ✓ Certified Addiction Counselor III (CAC III) must have a bachelors degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.
- ✓ Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements.
- ✓ Licensed Social Worker must hold a masters degree in social work.
- ✓ 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.
- ✓ 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.

Any person who alleges that a mental health professional has violated the licensing laws related to the maintenance of records of a client eighteen years of age or older, must file a complaint or other notice with the licensing board within seven years after the person discovered or reasonably should have discovered this. Pursuant to law, this practice will maintain records for a period of seven years commencing on the date of termination of services or on the date of last contact with the client, whichever is later.

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.

Exceptions to Confidentiality

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. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes, as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child abuse to authorities. **This includes physical abuse, emotional abuse, sexual abuse, and neglect. Mental health professionals are required to report abuse that happened in the past as well as abuse happening in the present.** Mental health professionals are also required to report suspected dependent elder abuse or exploitation to authorities. **This includes elder abuse or exploitation that happened in the past as well as abuse happening in the present.** If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et. seq.) is available at : <http://www.dora.state.co.us/mental-health/Statute.pdf>.

Duty to Warn and Protect

If a client is believed to be a danger to self or others, mental health professionals have a duty to warn and protect. This includes danger to self (evidence of substantial risk of physical harm to self, or the client is gravely disabled and unable to make informed decisions and provide for his or her own needs) or others (the individual poses a substantial risk of physical harm to another person or persons, including acts of terrorism). When I am concerned for the safety of others, I have a duty to warn law enforcement and the intended victim. When I am concerned about a client's safety, it is my policy to request a **Welfare Check** through local law enforcement. In doing so, I may disclose to law enforcement officers information regarding my concerns. During this process, it may become necessary for a mental health professional to place a client on a 72-hour hold. By signing this Disclosure Statement and agreeing to treatment with me, you consent to this practice, if it should become necessary. More information can be found regarding these duties at C.R.S. 27-65-102(4.5), C.R.S. 27-65-102(9), and Section 27-65-105.

Testifying in Court

JMK Counseling Services, PC does not testify in court proceedings. Therapy is intended to be a safe place for clients, and court proceedings often shatter that trust. By signing this disclosure statement, you agree not to request JMK Counseling Services, PC to testify in court. If there is no way to avoid a court appearance, my fee for court preparation and appearances, including travel and wait time, is \$250/hour and requires a retainer.

Treating a Minor

Children under the age of 15 – Colorado law requires that mental health professionals receive consent from any and all parents with decision-making authority in order to treat minors under 15 years of age. In the case of a child 15 years or younger, the decision-making parent(s) hold privilege for the child. If one parent holds decision-making authority for a child, but the other parent requests treatment information, JMK Counseling Services PC is required to provide a treatment summary to the non-decision-making parent. When JMK Counseling Services, PC treats a child under the age of 15, you (the parent) agree not to request copies of my treatment record. Therapy is meant to be a safe place for children to express their feelings and needs, and a parent’s request to see a treatment record destroys that trust. JMK Counseling Services makes every effort to include parents with decision-making authority in the treatment process.

Children over the age of 15 – Colorado state law allows adolescents 15 years and older to consent to treatment on their own behalf. In the case of a child 15 years or older, the child is the privilege holder for himself/herself.

Electronic Communication

Please note that electronic communication is not secure. For this reason, e-mail and text communication should be used only for scheduling purposes and should not contain any clinical information. I understand that JMK Counseling Services, PC will not use electronic communication for purposes other than scheduling.

Consent for Treatment

I voluntarily consent to mental health services with Jessica Kuhn, M.A., LMFT of JMK Counseling Services, PC.

Cancellation Policy:

In the event you need to cancel an appointment, please provide notice to your therapist within 24 hours of your scheduled appointment time. If sufficient notice of a cancellation is not provided, or no notice is given at all, your therapist’s standard service fee as agreed upon in this disclosure will be assessed for that session.

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client’s responsible party.

Print Client’s Name

Client’s or Responsible Party’s Signature

Date

If signed by Responsible Party, please state relationship to client and authority to consent:
