



Jenny Key, LCSW
Individual, Family, and Animal Therapy

Intake and Disclosure Statement Key Concierge Therapy

Name:

Parents' Names (If Minor):

Address:

Phone:

Date of Birth:

Email:

Person responsible for payment (please provide name, phone number, and email):

Welcome to Key Concierge Therapy (Jenny Key, LLC) psychotherapeutic services and mentoring! Key Concierge Therapy has contracted with Elizabeth Hackney of Cadenza Counseling, LLC to provide you and/or your child with mental health services in an environment that feels most comfortable to you. Please read below for the description and policies for this type of therapeutic service and for information about sessions, payment, cancellation, and credentialing.

Mentoring and community-based therapy is often deemed more effective for children, adolescents, and adults seeking support beyond traditional talk therapy. In 2004, Jennifer Key Jaeger, LCSW, developed her practice in this unique way in order to reach clients who may need therapeutic tools, help, and healing, but have found office therapy to be limiting and ineffective. This type of service is traditionally provided in natural settings such as, hiking trails, dog parks, coffee shops, or park. Your personal pets or animals for animal assisted therapy may be utilized, also.

Some clients prefer a combination of being out-of-office and telehealth, depending on the weather or your mood and current situation. By being in a natural environment, clients often report they can apply the skills they are learning in real-time, practical situations, while also experiencing somatic therapy and mindfulness through movement while talking.

Please talk with either Jenny or Elizabeth to answer any questions you may have or to further understand the benefits and possible limitations to this type of mental health care. We look forward to serving you in the way that feels most supportive!



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Scheduling, Payment, and Cancellation Policies for Key Concierge Therapy

We look forward to designing a treatment plan to best fit your needs. The following policies are to help ensure quality services and care: (Please initial next to each)

_____ In order to best accommodate all of our clients, we require a full 48-hour cancellation notice. If your session is at 1pm on Tuesday, contact your therapist by 1pm on Sunday. All cancellations less than **48 hours** before your session start time are charged the normal session fee. This applies to all situations, including illness, and ensures that you will have the regularly reserved time as a consistent therapeutic space.

_____ In cases of inclement weather, please assume you are meeting at the regular scheduled time. Your therapist may switch you to a virtual session that day if you prefer not to meet outdoors or if you/they deem driving conditions or weather are not feasible for an in-person session. You may not cancel due to driving conditions or inclement weather and the full session fee will be charged if you cancel in less than 48 hours.

_____ Sometimes clients and/or parents have questions or would like to share information in between sessions. Before you use email or text, please also read and sign the telehealth and electronic communication Receiving updates are an important part of treatment. Occasional, brief (less than 10 minutes) communication is no charge. Phone calls, emails, texts, or letters with you, your child, or other professional such as, school counselors or psychiatrists will be billed at 15 minute increments, at a rate of \$35 for 15 mins.

_____ Session fees are \$130/session 50 minute session. Please contact Jenny directly and not the provider. Jenny Key will email you a bill if you consent on the electronic communications consent form. Receipts or invoices are emailed once a month at the end of the month of service.

_____ Payment is due to Jenny Key, LLC monthly unless you do not maintain your account, in which case you must pay Jenny after each session. Acceptable forms of payment to Jenny Key, LLC include: Venmo, Check, Cash, Bank Check, or Bank Transfer. Bills not paid within 30 days will automatically be charged a \$25 late fee per month until the account is settled. Accounts more than two months in arrears are subject to immediate termination of services and legal proceedings to collect unpaid monies, such as collection agencies or court proceedings. Time spent undergoing this process will be billed to you at our normal hourly rate.

_____ We enjoy meeting with you/your child in the environment that feels most comfortable. Please provide kids with money for the activity such as, a coffee shop. Please be aware that while your clinician will do their best to ensure confidentiality, if you/your child agree to meet outside of the office that is a risk to your confidentiality.



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_____ By initialing here, you agree that you or no one involved in association with you or your child will subpoena us for court testimony. If subpoenaed for any reason, all time spent in court or preparing is billed at an hourly rate of \$525/hour. Further, your therapist will not render an opinion on who is the better parent or more suitable parent for a child.

_____ Good Faith Estimate: If you receive weekly therapy at a rate of \$130/50 minutes for 48 weeks per calendar year, that will equal a total of \$6,240.00. A full Good Faith Estimate with your specific treatment plan and diagnosis is available upon request.

_____ Elizabeth Hackney with Cadenza Counseling, LLC is contracted through Key Concierge Therapy (Jenny Key, LLC) to provide therapeutic services and mentoring outside of the office. Elizabeth Hackney, LPCC is an independent contractor under her own LLC and therefore provides therapeutic services she deems appropriate to each client.

_____ Cadenza Counseling, LLC is hired as an independent contractor and unlicensed therapist providing mental health services. Elizabeth Hackney holds a Master's degree in Counseling and is an LPCC, a Licensed Professional Counselor Candidate. An unlicensed 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. Jenny Key Jaeger and Jenny Key, LLC provide billing and referral services connected to Elizabeth Hackney and Cadenza Counseling, LLC, but is not providing direct control over Elizabeth's clinical treatment methods.

Liability Release/Hold Harmless Agreement for Jenny Key, LLC.

I hereby agree to fully and expressly assume and accept any and all risks of injury inherent in equine activities, animal-assisted activities, psychotherapy services, and community mentoring activities by Jenny Key, LLC. I understand that, except in the event of Jenny Key, LLC's wanton and willful negligence, I am responsible for death, bodily injury, or property damage, which I or my child or legal ward should sustain during treatment with Jenny Key, LLC in the community or at the farm of Jennifer Jaeger. I am also responsible for any attendance or time that I or my child or legal ward shall lose from employment or school or other activity and for medical expenses or any other expenses incurred because of such bodily injury or property damage.

I hereby, for myself, my child or legal ward, my heirs, administrators and assigns release and forever discharge Jenny Key, LLC and the farm of Jennifer Jaeger (Longmont, Colorado), and their respective servants, agents, officers, and all other participants of and



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from all claims, demands, actions and causes of action for such injuries sustained to my person, or that of my child or legal charge and/or property. I will defend and hold Jenny Key, LLC and the farm of Jennifer Jaeger (Longmont, Colorado), their officers, directors, employees, agents, insurers, and volunteers harmless against any and all damages, liabilities, losses, claims, demands, causes of action, judgments, costs, penalties, and expenses, including reasonable attorneys' fees, arising from any of my, or my child's or legal ward's, negligent or intentional acts or failures to act.

I have read the above information and understand the information provided.

Client Signature
(Parent/Guardian Signature if under 18)

Date

INFORMED CONSENT FOR TELETHERAPY

This Informed Consent for Teletherapy contains important information concerning engaging in electronic psychotherapy or teletherapy. Please read this carefully and let me know if you have any questions. This consent shall only apply to clients physically within the State of Colorado seeking therapeutic treatment within the State of Colorado.

Benefits and Risks of Teletherapy:

Teletherapy refers to the remote provision of psychotherapy services using telecommunications technologies such as video conferencing or telephone. One of the benefits of teletherapy is that the client and therapist can engage in services without being in the same physical location. It can also increase the convenience and time-efficiency of both parties.

Although there are benefits of teletherapy, there are some fundamental differences between in-person psychotherapy and teletherapy, as well as some inherent risks. For example:

- Risks to confidentiality. Because teletherapy sessions take place outside of the typical office setting, there is potential for third parties to overhear sessions if they are not conducted in a secure environment. I will take reasonable steps to ensure the privacy and security of your information, and it is important for you to review your own security measures and ensure that they are adequate to protect information on your end. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.
- Issues related to technology. There are risks inherent in the use of technology for therapy that are important to understand, such as: potential for technology to fail during a session, potential that transmission of confidential information could be interrupted by unauthorized parties, or potential for electronically stored information to be accessed by unauthorized parties.



Jenny Key, LCSW

Individual, Family, and Animal Therapy

- Crisis management and intervention. As a general rule I will not engage in teletherapy with patients who are in a crisis situation. Before engaging in teletherapy, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our teletherapy work.
- Efficacy. While most research has failed to demonstrate that teletherapy is less effective than in person psychotherapy, some professionals believe that something is lost by not being in the same room. For example, there is debate about one's ability when doing remote work to fully process non-verbal information. If you ever have concerns related to our use of technology, please bring up such concerns immediately and we will address them together.

Electronic Communications :

We will discuss which is the most appropriate platform to use for teletherapy services. I will make my best efforts to comply with the National Association of Social Workers Ethics Code guidance on the use of technology in the provision of services as well as the Colorado Department of Regulatory Agency's Teletherapy Policy, and I will provide you with a copy of these guidelines upon request.

Confidentiality:

I have a legal and ethical responsibility to make my best efforts to protect all communications, electric and otherwise, that are a part of our teletherapy. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential and/or that a third party may not gain access to our communications.

The extent of confidentiality and the exceptions to confidentiality that I outlined in my Disclosure Statement/Informed Consent still apply in teletherapy. Please let me know if you have any questions about exceptions to confidentiality.

Appropriateness of Teletherapy:

If at any time while we are engaging in teletherapy, I determine, in my sole discretion, that teletherapy is no longer the most appropriate form of treatment for you, we will discuss options of engaging in face-to-face, in-person counseling or referrals to another professional in your location who can provide appropriate services.

Emergencies and Technology:

Assessing and evaluating threats and other emergencies can be more difficult when conducting teletherapy than in traditional in-person therapy. In order to address some of these difficulties, I will ask you where you are located at the beginning of each session.

If the session cuts out, meaning the technological connection fails, and you are having an emergency do not call me back, but call 911, the Colorado Crisis Hotline at



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844-493-TALK (8255), or go to your nearest emergency room. Call me after you have called or obtained emergency services.

Fees:

The same fee rates shall apply for teletherapy as apply for in-person psychotherapy.

Informed Consent:

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together. Your signature below indicates agreement with its terms and conditions. This agreement is supplemental to my general informed consent and does not amend any of the terms of that agreement.

I, _____, the client, having been fully informed of the risks and benefits of teletherapy; the security measures in place, which include procedures for emergency situations; the fees associated with teletherapy; the technological requirements needed to engage in teletherapy; and all other information provided in this informed consent, agree to and understand the procedures and policies set forth in this consent.

Signature of Client, Date

CONSENT FOR COMMUNICATION OF PHI BY UNSECURE TRANSMISSIONS

This consent form is for the communication of Protected Health Information ("PHI") that Key Concierge Therapy (Jenny Key, LLC) and Elizabeth Hackney, MA, LPCC may transmit without the written authorization of the client as described in the Uses and Disclosure section of Elizabeth Hackney's Notice of Privacy Policies.

I, _____, hereby consent and authorize Key Concierge Therapy and Elizabeth Hackney, MA, LPCC to communicate my PHI through the following unsecure transmissions (please initial all your choices):

_____ Cellular phone text messaging & voicemails Client cell: _____

_____ Unsecured Email Client's Email: _____

_____ I do not wish to have my PHI transmitted electronically

Therapist's Email: elizabeth@keyconciერთherapy.com
 Administrator's Email: jenny@keyconciერთherapy.com
 Any emails containing PHI that are sent from jenny@keyconciერთherapy.com or elizabeth@keyconciერთherapy.com are encrypted through Google Workspace.

Should we agree to communicate by the approved communications listed above or any other electronic method of communication, confidentiality extends to those



Jenny Key, LCSW

Individual, Family, and Animal Therapy

communications. However, Key Concierge Therapy and Elizabeth Hackney, MA, LPCC cannot guarantee that those communications will remain confidential. Even though we may utilize state of the art encryption methods, firewalls, and/or back-up systems to help secure our communication, there is a risk that the electronic or telephone communications may be compromised, unsecured, and/or accessed by an unintended third-party.

I, _____, consent to Key Concierge Therapy and Elizabeth Hackney, MA, LPCC transmitting the following PHI:

_____ Information related to scheduling/appointments

_____ Information related to billing and payments

_____ Information related to your mental health treatment

_____ Information related to Cadenza Counseling LLC's operations

I further understand that if I initiate communication via electronic means that I have not specifically consented to in this form, I will need to amend this consent form so that my therapist may communicate with me via that method.

_____	_____
Signature of Client/Parent/Legal Guardian	DATE

_____	_____
Signature of Client/Parent/Legal Guardian	DATE