Intake Questionnaire and Disclosure for Jenny Key, LLC.

Name: **Parents' Names (If Minor):**

Address:

Phone:

Date of Birth: **Email:**

Main concern you wish for Jenny Key, LLC to address:

Have you previously received therapeutic services before, and if so, when and why?

What did you find helpful and not helpful?

Do you have a history of mental health concerns such as anxiety, depression, substance abuse, cutting or other forms of self-harm, suicide attempts, psychosis? If so, please describe.

Are you currently under the care of a psychiatrist? If so, please describe the nature of your treatment and provide contact information for your doctor.

Who lives in your home? Do you have significant family members living at a separate residence?

Do you have a history of physical, mental, sexual abuse or neglect? If so, please describe. If you do not feel comfortable writing it down, you can talk with me in person when you are ready.

When was your last physical exam? Do you have any acute or chronic physical concerns?

Please describe any family history of emotional difficulty or mental health concerns.

What improvements would you like to see in your current life situation?

Please indicate if you have a preferred pronoun:

Scheduling, Payment, and Cancellation Policies for Jenny Key, LLC.

I 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 my clients, I require a full 48-hour cancellation notice. If your session is at 1pm on Tuesday, contact me 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, we will not cancel and we will switch to telehealth. You may also inquire about switching to a phone session that day if you prefer not to meet outdoors or drive.

_____If you have an issue that needs immediate attention, I will do my best to schedule a session with you as soon as possible. If an emergency arises and you are unable to reach me, please go to the nearest emergency room.

_____The best times to contact me are during normal business hours Monday-Friday from 9am-6pm. Communication received after hours is returned the next business day.

_____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 the consent for unsecure communication policy. 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 $50.

_____ Session fees are $200/session per 50-minute session. If you request, I can email a receipt for services. Please read and sign the consent for unsecure communications form before using email. Receipts or invoices are emailed once a month at the end of the month of service.

_____Payment is due at the time of service unless you pay monthly and maintain your account in good standing. 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.

_____ I enjoy meeting with you/your child in the environment that feels most comfortable. Please be aware that while I do my best to ensure confidentiality, if you/your child requests to meet outside of my office, including equine therapy, others may be nearby and that is a risk to your/their confidentiality.

_____ By initialing here, you agree that you or no one involved in association with you or your child will subpoena me for court testimony. If subpoenaed, all time spent in court is billed at an hourly rate of $600/hour. Further, I 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 $200/50 minutes for 48 weeks per calendar year, that will equal a total of $9,600. A full Good Faith Estimate with your specific treatment plan and diagnosis is available upon request.

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.

- 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 research fails to validate this, some professionals believe something is lost by being online. At the same time, others believe there are greater benefits due to convenience and accessibility. 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 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 (Parent signature if under 15) 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 Jenny Key Jaeger, LCSW, may transmit without the written authorization of the client as described in the Uses and Disclosure section of Jenny Key Jaeger's Notice of Privacy Policies.

I, _____, hereby consent and authorize Key Concierge Therapy and Jenny Key Jaeger, LCSW 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: jenny@keyconciergetherapy.com
Administrator's Email: jenny@keyconciergetherapy.com
Any emails containing PHI that are sent from jenny@keyconciergetherapy.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 communications. However, Key Concierge Therapy and Jenny Key Jaeger, LCSW 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 Jenny Key Jaeger, LCSW 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

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 to include transportation services by Jenny Key, LLC in her vehicle. 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 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 15)

Date