



## INFORMED CONSENT AND DISCLOSURE STATEMENT

### HEART MATTERS LLC

Jennifer Uzri, MA, LPCC  
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Colorado Springs, CO 80921  
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Welcome to Heart Matters counseling services. We are pleased that you have chosen us as your therapists. Below you will find some helpful information. Please read this information and sign at the end. Jennifer is a member of The Colorado Association of Psychotherapists. Jennifer has also attended numerous professional training seminars to offer you the best treatment possible in her fields of expertise. Included in this training are intensive skills in group and individual therapy in sexual addiction, codependence, and life coaching. Jennifer has spent the last twelve years coaching individuals and leading support groups in Colorado Springs. She has also been recognized as an expert in helping partners of sex addiction and codependents find relationship and personal empowerment.

**General Issues:** I am committed to providing high quality services to my clients and to providing them with all of the information necessary to be informed about the treatment process. In addition, the practice of psychotherapy is regulated by the Department of Regulatory Agencies and requires that you are provided with information regarding a client's rights. **Please read carefully** the following information regarding ethical, legal, and financial issues. If you have questions about anything on this form, please discuss it with me before signing the consent statement. I accept in my private practice only clients who I believe have the capacity to resolve their own problems with my assistance. Some clients need only a few counseling sessions to achieve their goals, whereas others may require months or even years of counseling. You are entitled to receive information about methods of therapy, techniques, and the duration of therapy. As a client you are in complete control and may seek a second opinion from another therapist, and or end our counseling relationship at any point. I, too, have the right to withdraw from your treatment if a conflict arises. In that eventuality, you will be informed and given appropriate referrals.

**Dual Relationship:** Although our sessions may be very intimate psychologically, it is important for you to realize that we have a *professional* relationship rather than a personal one. Our contact will be limited to the paid sessions you have with me. **This is a requirement of the ethical guidelines for Registered Psychotherapist in the state of Colorado** and is in your best interest. You will be best served if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during our counseling experience. However, it is important for you to remember that you are experiencing me only in our professional role. Please note that it is impossible to guarantee any specific results regarding your counseling goals, but together we will work to achieve the best possible results for you. The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the department of regulatory agencies. Colorado law requires me to inform you that in our professional relationship physical intimacy is never appropriate and should be immediately reported to the **Grievance Board at the following address: The Department of Regulatory Agencies, Mental Health Section., the address for the Grievance Board is 1560 Broadway, Ste.1350, Denver, CO 80202, Telephone: 303-894-7766.**

**Confidentiality:** Generally, the information provided by you, the client, and from me the therapist is legally confidential and I cannot be forced to disclose in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates. The exceptions to the general rule of legal confidentiality are listed in the Colorado statutes (C.R.S. 12-43-218). However, please 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.

#### **Exceptions to confidentiality:**

1. Any evidence or disclosure by the client of perpetrating child abuse (past or present) must be reported to legal authorities. I am a mandatory reporter of any child abuse.
2. If an individual intends to take harmful, dangerous or criminal actions against another human being or against him/herself it is our duty to report such action or intent to medical and legal authorities. In the unlikely event it is our clinical judgment that you are a danger to yourself or someone else, **by signing the consent you** authorize me to contact either the persons listed as your emergency contacts, or someone else to provide assistance through this crisis situation. This would include, at my discretion, contacting an intended victim. By law, your consent is not necessary.
3. Sexual improprieties by a former therapist are a criminal offense and I am required by law to report.
4. Any disclosure of terrorist activities or intended terrorist activities.
5. Certain court orders/actions such as custody cases, malpractice actions, etc. may legally require disclosure of certain material covered in our sessions.



- 6. Collection of fees may require disclosure that you have been in a counseling process.
  - 7. All of my counseling or coaching sessions are reviewed in supervision with other professionals at Heart Matters, and if deemed appropriate other professional or consultants, to aid in your treatment process.
  - 8. **Insurance companies:** If you desire to file insurance on your own you must know that we usually will be required to document your diagnosis and treatment. This may include personal information that you would not want employees to know. I cannot guarantee your confidentiality or that this will not have adverse effects on you personally.
- By signing below you are giving Jennifer Uzri and Heart Matters, LLC permission to release this information.**

**Fees and Insurance:** Jennifer’s fee is \$120.00 for a 50 minute therapy session. By consenting to treatment with Jennifer Uzri, you acknowledge that you are responsible for the cost of the provided services (to you or to your minor child) within 48 hours prior to the time the service is rendered. A valid credit or debit card is necessary to reserve an appointment. A valid credit or debit card is necessary for all phone sessions. If using a check or cash is preferred at in-person sessions payment expected at the beginning of each counseling session and **must** be backed by a valid credit card. We offer the use of credit cards for your convenience. If you select this method of payment, your credit card will be charged within the 24 hours before your session. Notification of cancellation of appointments, scheduled but not attended, must be made **48 hours prior to the** appointment time. If your credit card is declined within the 24 hour period of you session, you will be charged \$5 to cover bank charges. If you miss an appointment without notification, you will be charged on the credit or debit card you provide on the intake form or card number given during your initial appointment. If you have set up recurring appointments at a specific time and you miss your appointment, but fail to notify the therapist prior to the previous 48 hours, you will be charged for the missed session and automatically rescheduled for the following session at the agreed upon time unless you notify the therapist otherwise. If you miss the second session without notifying the therapist, you will be charged for that session and your recurring appointments will be cancelled unless you contact the therapist and schedule another appointment.

**HIPPA Regulations:** This form is compliant with HIPPA regulations and no medical or psychotherapeutic information, or other information related to your privacy, will be released without your permission unless mandated by Colorado law. Consistent with HIPPA guidelines authorization for release and consent for treatment will be automatically revoked one year after the signing date.

**Other potential fees:** In the unlikely event of time spent away from the office due to client hospitalization and or court appearances resulting from legal issues, additional hourly fees will be assessed. My usual fee is \$100.00 per hour assessed from the time I leave my office until I return to my office plus expenses if overnight travel is required. If travel is required outside the state of Colorado, fees will be \$1000 per diem plus expenses and must be paid via credit card within 72 hours prior to the day of travel. Some insurance companies may cover part of your fees. You will need to determine the reimbursement policies of your insurance company. I do not file insurance claims nor receive insurance for counseling or coaching sessions. By signing below you agree that you have read and understood the above mentioned information, have been given a copy for your records and are consenting to treatment with Heart Matters LLC, or Jennifer Uzri. If you are unable to read or write, an oral explanation will accompany this disclosure. Unless the client, parent or guardian is unable to read or write, and signed copy of this disclosure is required to be obtained before your second visit with your psychotherapist. The signed copy of this document will become a part of your file at Heart Matters. If you have any questions please bring them up during our initial session.

**Client Acknowledgement, Agreement and Consent:** I have read the preceding information and understand my rights as a client. By signing below, I acknowledge my understanding and agree to all terms discussed in this disclosure statement. By signing below, I also agree to permit consultation and I provide release for my psychotherapist to seek consultation with other professionals as the need arises. I also affirm, by signing the form, that I am requesting psychotherapy services from Heart Matter s LLC. This disclosure statement will be automatically revoked after one year.

CLIENT: \_\_\_\_\_ PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

CLIENT: \_\_\_\_\_ PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

COUNSELOR: \_\_\_\_\_ DATE \_\_\_\_\_



Mike S. Pinkston, MA, LPC; Patricia D. Pinkston, MA, LPC  
Jennifer Uzri, Psychotherapist

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Kids Names and ages: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

List any present medical conditions and medications: \_\_\_\_\_

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Have you had previous counseling or psychiatric care (If yes, please list with whom and the current status of treatment): \_\_\_\_\_

Who referred you to Heart Matters? \_\_\_\_\_

IN CASE OF AN EMERGENCY WHOM SHOULD NOTIFIED? (Please provide two names)

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work \_\_\_\_\_ Home: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work \_\_\_\_\_ Home: \_\_\_\_\_

Method of Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Debit Card \_\_\_\_\_

(\* All sessions must be backed by a valid credit or debit card even if another method is used.)

Credit/Debit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

(The Security code is the three digit number on the back of the card or 4 digit code on front for AMEX.)

Accompanying this information form was a Disclosure Statement. Please read it and sign below. I want the fee to be charged to my card.

BY SIGNING BELOW I GIVE CONSENT FOR TREATMENT WITH HEART MATTERS, LLC AND I HAVE READ AND UNDERSTAND THE DISCLOSURE STATEMENT. I REALIZE THAT IF I DO NOT GIVE A 48 HOUR NOTICE PRIOR TO CANCELLATION OF SCHEDULED APPOINTMENTS, I WILL BE FULLY CHARGED FOR THIS APPOINTMENT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confidentiality Policies  Dual Relationship Policies

48 Hr. Cancellation Policy