

Janelle Washburne, LCSW, LMFT, CST

**Licensed Clinical Social Worker
Licensed Marriage and Family Therapist
AASECT Certified Sex Therapist**

**3600 S. Yosemite St. #1050, Denver, CO 80237
303-907-0697**

Client Information Form - Date of 1st Session _____, 20____

Name: _____ Address: _____

City: _____ Zip Code: _____

Birth date: ___/___/____

Phone #'s: Home: _____ May we leave messages here? Yes or No

Cell: _____ May we leave messages here? Yes or No

Text: _____ May we leave messages here? Yes or No

Email: _____ May we contact you via email? Yes or No

** It's best to use text and emails for scheduling questions only, not conversations. Thanks.

Who else is currently living in your home? Name, age and birthdate:

1. _____

2. _____

3. _____

4. _____

In case of an emergency, I should contact: name: _____ phone: _____

How were you referred to us? _____

May we acknowledge the referral? (initials) ___ Yes ___ No

What gender do you identify with? _____

What is your sexual orientation? _____

What is your relationship status? _____

What is your race? Ethnicity? _____

Have you participated in therapy or counseling in the past? Yes or No If yes, tell me about your experience of therapy (positive, negative, mixed, etc.): _____

What would you like to gain from our work together (therapy goals): _____

Have you or members of your family been or are currently the victims of abuse (physical, sexual, emotional): _____

Are you or someone in the family currently suicidal or homicidal: _____

Describe any compulsive/addictive behaviors in yourself or other family members (drug, alcohol, gambling, spending, sex, food, etc): _____

Communication (briefly describe strengths and/or concerns about your communication):

Stresses: Please describe any significant stresses that are affecting you or your family at this time, or from the past: _____

Mental Health: Please describe any mental health diagnosis: (bipolar, PTSD, anxiety, ADD, depression):

Safety: Please share any issues of safety such as violent behavior, hitting, pushing, shoving, physically restraining another person, or intimidation that are a concern (this will be kept confidential if in couples therapy for the safety of all involved):

Do you have a faith, religion or spiritual practice that is important to you, if so, please describe:

When therapy is successful, how will we know: _____

How motivated are you and your family members to succeed in therapy at this time:
(on a scale from 1 to 10, 1 – no motivation to 10 – most important thing to me now):

Name: _____ Rating (1 to 10): _____

Name: _____ Rating (1 to 10): _____

Is there anything else you'd like me to know about you? Thank you!

Janelle Washburne, LCSW, LMFT, CST
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303-907-0697
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PLEASE READ THIS ENTIRE DOCUMENT AND OTHERS GIVEN TO YOU:

Thank you for sharing this personal information. I look forward to our work together. This information will be kept confidential within the limits described in the **Mandatory Disclosure** documents. Please read them thoroughly. Let me know if you feel uncomfortable signing any of them or if you have any questions.

FEES/PAYMENT:

I/We understand that session fees will be paid at the time of therapy service, either by check, cash or credit card. I/We understand that the fee will be \$140 per session for individuals or couples (50 minutes). Longer sessions are available at the rates of: 80 min for \$210 or 110 min for \$280. All checks made payable to **Janelle Washburne**.

By signing below, I/We accept responsibility for the **payment of Janelle's time and services when they are rendered**. Therapy is not an exact science and may take some time to see results depending on the client's efforts toward change inside and outside of session.

I/We also accept responsibility for **payment of sessions cancelled with less than 24 hours** notice of the scheduled appointment time. Please sign your understanding and agreement _____

Credit Card to be charged with less than 24 hrs notice: _____
CVV: _____ Expiration Date: _____ ZipCode: _____

SNOW CANCELLATION POLICY: If you feel that the weather is too treacherous to drive safely to the office, sessions can be cancelled with less than 24 hours' notice at no charge, but please let Janelle know as soon as possible. In person sessions can be replaced with phone sessions, due to weather only. Regular session fees apply and will be charged on Janelle's next office day.

LICENSURE:

As a Licensed Clinical Social Worker, Janelle Washburne LCSW, LMFT, CST, holds a master's degree in Social Work from the University of Denver and has two years of post-masters supervision and is registered with DORA (Dept of Regulatory Agency). Janelle also holds a Certificate in Sex Therapy (CST) through AASECT, American Association of Sexuality Educators, Counselors and Therapists. Janelle is also a Licensed Marriage and Family Therapist in the state of Colorado and has completed two years of post graduate training in Marriage and Family Therapy from the Denver Family Institute. Janelle is also trained as an EMDR (Eye Movement Desensitization and Reprocessing) therapist by the Maiberger Institute.

INVOLVEMENT IN THERAPY – CONSISTENCY OF APPOINTMENTS:

You and/or your family have a right to terminate or quit therapy at any time. As long as you are in therapy with Janelle Washburne LCSW, LMFT, CST, I strongly encourage you to keep all scheduled appointments. Life can be busy, and things get in the way. Therapy is an investment in your well-being and health. Making time for it can be a major step forward. Talk to me if you are having difficulty keeping appointments.

Therapy works best when you come to sessions with **goals and ideas about what you want to address** for each session. It also helps to complete all homework assignments each week. Please give me feedback about our work together. These are your sessions, I am here to support your growth and change.

Sometimes in the course of therapy, individuals or family members may feel more pain, discomfort, or upset as issues are explored. Please let me know if that is happening to you or one of your family members and we will work through it together.

TAPING SESSIONS OF COUPLES ONLY:

I give my permission for Janelle to tape our sessions for her individual review: _____

I give my permission for Janelle to tape our sessions to be reviewed by us in session _____

I give my permission for Janelle to tape our sessions for teaching purposes: _____

*Your initials indicate that you approve of taping your sessions, leave blank if you do not wish to be taped.

FAMILY SECRETS:

When I am working with couples or families I have a **“no secrets” policy**. This means that I, as your therapist, will not keep significant secrets between each person participating in couple therapy (Such as active affairs). For the safety of all involved, if domestic violence is disclosed, it will remain confidential. If you have questions about this, please ask me.

MANDATORY DISCLOSURE/INFORMED CONSENT FOR CLIENTS

Janelle Washburne, LCSW, LMFT, CST, a Licensed Clinical Social Worker, received her Master of Social Work degree from the University of Denver, and received two years of post-masters supervision. She has received her certificate in Marriage and Family Therapy from the Denver Family Institute following two years of coursework, training and supervision. She is also a Licensed Marriage and Family Therapist. She is licensed through the State of Colorado after meeting state standards for clinical hours, supervision and coursework. She has received additional training and supervision in Sex Therapy and is a Certified Sex Therapist through AASECT (American Association of Sexuality Educators, Counselors and Therapists). She is an EMDR (Eye Movement Desensitization and Reprocessing) trauma therapist trained through the Maiberger Institute. She is also a PACT level 1 trained couple therapist.

Janelle works from a strength-based, attachment focused and relational view in her therapy practice. Her focus is on counseling individuals and couples.. All therapeutic techniques are adjusted to the client's needs. In order to provide the best services possible, Janelle utilizes peer consultation to review some client cases and interventions. Periodically she may also discuss client cases while teaching, but keeps all identifying information regarding the client confidential. She is a member of AASECT (American Association of Sexuality Educators, Counselors and Therapists), AAMFT (American Association of Marriage and Family Therapists) and EMDRIA (Eye Movement Desensitization and Reprocessing International Association).

12.43.214(1)(c) CRS: The Department of Regulatory Agencies regulates the practice of both licensed and unlicensed persons in the field of psychotherapy. Questions or complaints may be addressed to: Department of Regulatory Agencies, 1560 Broadway, Suite 1350, Denver, CO, 80202. Phone: (303) 894-7766.

12.43.214(1)(d) CRS: A client is entitled to receive information about the methods of therapy, the techniques used, the duration of therapy (if known), and the fee structure. A client may seek a second opinion from another therapist or may terminate therapy at any time.

In a professional relationship (such as ours), sexual intimacy is inappropriate and should be reported to the grievance board.

Generally speaking, information, provided by and to a client in a professional relationship with a psychotherapist is legally confidential, and the therapist cannot disclose the information without the client's consent. There are several exceptions to confidentiality which include: 1) I am required to report any suspected incident of child abuse, child pornography, witnessing domestic violence or neglect to social services; 2) I am required to report any threat of physical harm to another by a client to law enforcement and to the person(s) threatened; 3) I am required to initiate a mental health evaluation of a client who is dangerous to self or to others, or who is gravely disabled, as a result of a mental disorder; 4) I am required to report any suspected threat to national security to federal officials; 5) I am required to report elder abuse or neglect to the proper authorities; and 6) I may be required by Court Order to disclose treatment information. (Also refer to above disclosure).

PLEASE NOTE: Child abuse refers to any child abuse you discuss in therapy or that is observed. This includes illegal sexual contact between two minors, viewing child pornography or abuse of children outside your family or children witnessing domestic violence (pushing, shoving, hitting, slapping, etc). I am mandated to report suspected child abuse or neglect.

Under Colorado law, C.R.S.: 14-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, in compliance with Colorado law.

LIMIT OF SERVICES AVAILABLE:

***Janelle Washburne, LCSW, LMFT, CST does not provide emergency and after-hours services. If you find yourself in a life-threatening situation you agree to take the necessary steps to keep yourself safe, up to and including calling 911 or going to the emergency room (at your cost) if necessary.**

***Medications, psychiatric services, or psychological testing are not provided.**

***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.**

***If you are involved in divorce or custody litigation, my role as a therapist is not to make recommendations to the court concerning custody or parenting issues. By signing this Disclosure Statement below, you agree not to subpoena me to court for testimony or for disclosure of treatment information in such litigation; and you agree not to request that I write any reports to the court or to your attorney, making recommendations concerning custody. The court can appoint professionals, who have no prior relationship with family members, to conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family and children.**

****If I am compelled to participate in any kind of legal proceedings my rate is 50% additional plus my 50 minute session fee for each hour spent on travel expenses, copies, testimony, research, etc. All my fees will be 100% compensated for, at the time of service, if called into legal involvement by the client party or any situation that involves the client. By signing this form you agree to pay these fees to Janelle Washburne, LCSW, LMFT, CST for her services and time, if she is called to participate in any kind of legal involvement.**

Therapist Name and Credentials: Janelle Washburne, LCSW, LMFT, CST: 303-907-0697.

I have read the preceding information and understand my rights as a client/patient. I also acknowledge that I have received a copy of this disclosure statement.

Client Signature Date

Client Signature Date

By signing below, I have answered any questions, reviewed the mandatory disclosure required by DORA, and have discussed the fee agreement. _____ Date _____