



JOHN TODD, Ph.D., L.P.C.

DIPLOMATE JUNGIAN ANALYST
MEMBER INTERNATIONAL ASSOCIATION FOR ANALYTICAL PSYCHOLOGY

Your signature represents an agreement between us. Please take the time to read these documents carefully and write down any questions you might have to discuss at our first meeting.

ABOUT

I am a Florida native, married with two children. I previously practiced in Tampa, Florida, where I worked for Hospice of the Florida Suncoast for over a decade as a children and families counselor, then in private practice for six years before moving to Colorado in 2006. I am currently a candidate in training to be a Jungian Analyst through the C.G. Jung Institute of Colorado. Below are some of my qualifications:

EDUCATION:

- Diplomate Jungian Analyst, Inter-Regional Society of Jungian Analysts, 2014
- Ph.D. Depth Psychology, Pacifica Graduate Institute, 2007
- M.A. Counseling and Psychology, University of South Florida, 1993
- B.A. Psychology, University of South Florida, 1992

LICENSES/MEMBERSHIPS:

- Board Member, Director of Training, C.G. Jung Institute of Colorado, Current
- Adjunct Professor, Pacifica Graduate Institute, Current
- Executive Committee, CANASJA, Current
- Member, International Association of Analytical Psychology, Current
- Nationally Certified Counselor, National Board of Certified Counselors, 1996 - Present
- Licensed Professional Counselor, State of Colorado, 2006 - Present (License #LPC-4493)
- Licensed Mental Health Counselor, State of Florida, 1997 - 2006

OFFICE POLICIES

SCHEDULING

- All sessions are by appointment and are 50 minutes (and ten minutes for additional note-taking or case review) unless other arrangements have been made.
- The client is responsible for keeping track of their next appointment time. No reminder calls will be made.

PAYMENT

- The client is responsible for paying agreed-upon charge of \$150.
- Payment is required at the time of each session unless other arrangements have been prior to session.
- In cases of financial difficulty, charges can be billed monthly, with payment due no later than the end of the following month. A 10% late fee will be applied for every month late thereafter.
- A \$25.00 penalty will be charged for returned checks.

CANCELLATIONS

- At least 24 24-hour notice is required for canceled or rescheduled appointments. Call (303) 670-6776 to leave a message for non-emergency matters. Your call will be returned within 24 hours.
- **Missed appointments not canceled within 24 hours will be charged at the regular rate, with the exception of a serious emergency.**
- If a client is late for an appointment, as much of the session remaining will be completed so that other clients are not inconvenienced or delayed.

I have read and understand the above information and agree to abide by these policies and procedures. I have been informed about my therapist's degrees, credentials, and licenses. I understand my rights as a client and I have received copies of the Office Policies, Disclosure Statement and Notice of Privacy Rights.

Client Signature: _____ **Date :** _____

John B. Todd, Ph.D., L.P.C.

Signature: _____ **Date:** _____

DISCLOSURE STATEMENT

Client Rights and Important Information:

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of mental health professionals. The agency within the department that has the specific responsibility for licensed and unlicensed psychotherapists is the State Grievances Board, 1560 Broadway, Suite 1340, Denver CO, 80202, (303) 894-7800.

A client is entitled to receive information from their therapist about his/her methods of practice, techniques used, the approximate duration of therapy if it can be determined, and fees.

A client is entitled to seek a second opinion or terminate therapy at any time.

In a client/therapist relationship, inappropriate conduct that might damage the relationship, such as sexual intimacy, is never appropriate. If inappropriate conduct occurs, it should be reported to the State Grievance Board.

The information between therapist and client during sessions is legally confidential and can not be disclosed without your consent. There are some limits to client confidentiality such as the threat to harm yourself or others, threat to cause destruction of property, if emergency treatment is needed, if child abuse or neglect is suspected, or if a guardian has been appointed for you.

The exceptions to the confidentiality rule are listed in detail in the Colorado statutes (section 12-43-218, C.R.S. [1988]) and can be found at <http://www.dora.state.co.us/Insurance/> under "General Information", "Colorado Laws".

A client is entitled to ask for further information on these subjects at any time.



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CLIENT INFORMATION

Name: _____

Address: _____

Home Phone: _____

Mobile Phone: _____

E-mail address: _____

Date of Birth: _____

Marital Status: _____

Do you have any physical problems I need to know about? _____

In case of emergency contact: _____

What is your preferred method of being contacted? _____

Where can I leave a phone message for you? _____

How did you hear about my practice? _____