



**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 ME**

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:**

- Diplomat 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:**

- C.G. Jung Institute of Colorado Board Member
- International Association of Analytical Psychology Member
- Pacifica Graduate Institute Adjunct Professor
- Nationally Certified Counselor, 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 \$140.
- Payment is required at the time of each session unless other arrangements have been made ahead of time.
- If it is financially difficult, 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 hours' notice is required for canceled or rescheduled appointments in order to use the available spot for other clients. You can call (303) 670-6776 to leave a message for non-emergency matters and 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.



**JOHN TODD, Ph.D., L.P.C.**  
DIPLOMATE JUNGIAN ANALYST  
MEMBER INTERNATIONAL ASSOCIATION FOR ANALYTICAL PSYCHOLOGY

**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? \_\_\_\_\_