



Jennifer Worcester, MA, LPC

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Thank you for choosing me as your therapist/counselor. The purpose of this document is to inform you of my background and to ensure that you understand our professional relationship. My degrees, licenses and affiliations are listed below:

Bachelors of Arts in Sociology and History, University of Colorado, 1998  
Masters of Art in Counseling Psychology, University of Colorado, 2001  
Licensed Professional Counselor (Colorado), License #4172  
National Certified Counselor, License #69646  
Member of the American Counseling Association

I'm happy to provide you with information about the methods of therapy and techniques that I use. During the duration of your therapy you may learn some things about me; however, our work will concentrate on your issues and will be for your benefit. My office hours are typically part time Monday through Friday. I do not carry a pager and do not provide emergency services. Therefore, our professional relationship will be limited to our appointment times. Clients are free to seek a second opinion from another therapist or terminate services at any time.

During the duration of your therapy if you are dissatisfied with my services please let me know. If I am unable to resolve your concerns you may report complaints to the State Grievance Board. In a therapeutic relationship sexual intimacy between therapist and client is never appropriate. If sexual intimacy occurs, it should be reported to the State Grievance Board. The contact information is: State Grievance Board 1560 Broadway, Suite # 1340 Denver, Colorado 80202 (303) 894 7766.

I will keep anything that you say to me confidential with the following exceptions: you direct me to tell someone else, I determine that you are a danger to yourself or someone else, or I am court ordered to disclose information. These exceptions are outlined in the Colorado Statutes (see section 12-43-218, C.R.S.) In addition, if you are using an insurance company or EAP program to pay for your services, an agent of those companies may be given extensive information about your diagnosis, progress, discharge, dates of service, or other information requested.

In return for a designated fee, I agree to provide services to you. Payment is due at the time of your appointment unless other arrangements have been made. In the event that you will not be able to keep your appointment, you must notify me 24 hours in advance. If I do not receive notice you will be responsible for paying for the session. It is impossible to guarantee any specific results regarding your counseling goals. However, I will utilize my skills to assist you to the best of my knowledge. Further, I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards.

The above information must be provided to all clients according to Colorado law. If you have any additional questions or would like further information, please feel free to ask.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Jennifer Worcester, MA, LPC

\_\_\_\_\_  
Date

I am the parent or guardian of the above stated client. I have read the foregoing document and am signing below on behalf of the minor client in my capacity as parent or guardian.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date