

FIRST APPOINTMENT ORIENTATION

Thank you for selecting Dr. Jill C. Manning as your therapist. The following information is intended to assist you in making your first appointment as productive and comfortable as possible.

Before you arrive:

1. Please download, print, complete and review the intake forms found on Dr. Manning's website under the Client Services tab. If you do not have access to a computer, forms are available at the office, however, if this is the case, be sure to arrive at least 20 minutes before your appointment so that the paperwork does not cut into your appointment time.
2. Please take some time to identify your main goals for therapy. While these goals may shift over time as questions are asked of you and as things become clearer, taking time to do some of this work in advance will make your first session more focused. As well, please identify some of the signs or indicators that you would need to see, feel or experience in order to know that your therapy would be completed. You will work on this with your therapist, but again, giving this some thought in advance is useful.
3. Coming to see a therapist is a significant and sometimes vulnerable step for many people, especially if this is your first experience with therapy. Please be assured that no one in the building except Dr. Manning and the receptionist will know that you are there for therapeutic services, and no one except Dr. Manning will know why you are there. Because Dr. Manning's office is located in a technology park, no other therapists work in the building, therefore your reason for being in the building is not obvious or known to others.

On the day of your appointment:

1. There is ample free parking in front of Dr. Manning's office.
2. Dr. Jill C. Manning's office is located on the 4th Floor of 10955 Westmoor Drive, Westminster, CO 80021. When you get off of the elevator, turn right and you will see a receptionist at the desk. Please check-in with her and feel free to ask her for water, herbal tea, regular tea or coffee if you would care for a drink.
3. Restrooms are located on the north side of the elevator bank with the men's down the hallway on the left and the women's down the hallway on the right.

After your appointment:

1. Therapy can be emotionally draining because of the nature and content of conversations. Taking good care of yourself after a session is important and can help the session's content be processed more effectively. If possible, plan your session on a day that you have a lighter schedule or less demand on your time, body and/or mind.

DISCLOSURE STATEMENT

Are you able to read this document? Circle one: Yes No

12.43.214 (1)(c) CRS: The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Department of Regulatory Agencies. Questions or complaints may be addressed to: Department of Regulatory Agencies, 1560 Broadway, Suite 1340, Denver, CO 80202 (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 at any time. In a professional relationship such as ours, sexual intimacy is never appropriate and should be reported to the grievance board. Furthermore, any personal relationship beyond the scope of psychotherapy is strictly forbidden for a minimum of three years post psychotherapy.

12.43.214(1)(d) CRS: The information provided by a client during therapy sessions is legal and confidential except as follows: (1) when there is risk of danger to self or others; or when one is gravely disabled; (2) when there is suspicion of child/elder abuse or neglect or (3) when a client gives consent. Any conversations on Dr. Jill C. Manning's business phone line or cell phone cannot guarantee confidentiality, although every reasonable effort will be made to ensure privacy and confidentiality. Your therapist may consult with other qualified professionals so as to maximize the effectiveness of treatment, however, in such instances, your name and identifying information will not be used. Psychotherapy is not an exact science; therefore no guarantees can be made regarding the process or outcome of these services. Your therapist is a member of numerous provider networks and groups, and members of those groups cannot be held liable or responsible for your therapy process or outcome.

ABOUT DR. JILL C. MANNING

Education:

B.A. in Communications, University of Calgary, 1995
M.S. in Marriage & Family Therapy, Loma Linda University, 2000
Ph.D. in Marriage & Family Therapy, Brigham Young University, 2006

Licenses & Professional Affiliations:

Licensed Marriage & Family Therapist, Colorado, #778
Clinical Member of the American Association of Marriage & Family Therapists
Licensed *LifeSTAR* Network Provider for the Denver-metro area
Board member of *Citizens Against Pornography*

The practice model I use is influenced by Bowenian, Narrative, Brief-Solution Focused and Emotionally Focused Therapy models. The emphasis on one particular model over another is affected by the type of problem being presented and the configuration of people in therapy (individual versus couple or family). Coming from a systemic perspective, I strive to understand the relational, cultural, spiritual, and environmental factors that affect one's health and psychology, and work to heal constraining beliefs and relationships that affect one's well-being. Therapy is most effective when combined with self-help efforts, healthy lifestyle patterns and at times medication (when deemed necessary by a medical professional).

My mental health record keeping involves paper documentation and hand written notes from therapy sessions. In order to maintain strict privacy and confidentiality, no electronic storage is used and all notes or client forms are locked in a private filing cabinet.

FEES, PAYMENT & BILLING

Full payment is due at the end of each session. Therapy sessions are 60 minutes in length and are charged at the rate of \$100.00. Couple and family sessions are 90 minutes in length and are charged at the rate of \$150.00.

Fees may be paid in cash or with personal checks. Additionally, all major credit cards are accepted via the PayPal option on Dr. Manning's website: www.drjillcmanning.com.

Except for unpredictable emergencies and unique circumstances (discretion is given by the therapist) payment will be expected for missed appointments. Clients who do not notify the office of a cancellation within 24 hours, will be charged \$75.00 in order to cover the cost of office space specifically reserved for your appointment. Please understand that because Dr. Manning sees a limited number of clients, there is usually a waiting list to get in, and therefore missed appointments not only affect your care, but also the availability for others to receive care.

Client Signature

Date

Spouse/Parent/Guardian

Date

Dr. Jill C. Manning, LMFT #778

Date

INFORMED CONSENT FORM (FEES & BILLING)

Dr. Jill C. Manning, in compliance with national, state and professional ethical standards, is required to disclose all billing and financial matters to you regarding your therapeutic services. As a client of Dr. Jill C. Manning, you understand that:

1. Dr. Jill C. Manning’s customary rate for providing therapy services is \$100.00 per 60 minute session (typically used for individual sessions) and \$150.00 for 90 minute sessions (typically used for couples and family sessions).
2. You will be billed **\$75.00 for not giving a minimum of 24 hours notification of cancellation.** This outstanding balance must be paid prior to additional therapeutic services being provided.
3. Your fee is due at the end of each session.
4. You will be billed for out-of-session fees such as telephone consultations, crisis intervention, report writing (outside of regular session notes and forms), care coordination (i.e., with primary care physicians and psychiatrists) at a rate of \$25.00 per 15 minute block of time in excess of 5 minutes.

Additional comments/special conditions or considerations:

Please discuss any questions or concerns you may have regarding the financial arrangements concerning your therapeutic services with Dr. Jill C. Manning.

Client Signature

Date

Spouse/Parent/Guardian

Date

Dr. Jill C. Manning, LMFT #778

Date

MEDICAL INFORMATION

Please complete for each participant in therapy.

Name: _____

Family Physician: _____ Phone: _____

Psychiatrist: _____ Phone: _____

Previous Therapist: _____ Phone: _____

Current Medications Prescribed or Over the Counter:

Major Medical Events Over the Last Two Years:

Have you or anyone in your family ever experienced or been treated for the following:
 (Put a check and list the year for each that applies)

Condition	Self	Year(s)	Relative	Year(s)
Abusive Relationship				
ADD				
Alcoholism				
Anger Problems				
Anxiety Disorder				
Bipolar Disorder				
Chronic Pain				
Cutting/Self-Harm				
Depression				
Divorce				
Domestic Violence				
Drug Dependency				
Eating Disorder				
Emotional Abuse				
Fertility Issues				
Miscarriage				
OCD				
Physical Abuse				

Sexual Abuse				
Suicide Attempt(s)				
Tobacco Use				

Other Conditions Not Listed:
