

Jeff Pincus, MSW, LCSW

CONTACT INFORMATION

Date of Intake: _____ Referred By: _____

Name _____ Age _____

Address: _____

City _____ State _____ Zip _____

Home Ph _____ Msg ok? _____ Which number
is the best? _____

Work Ph _____ Msg ok? _____

Cell Ph _____ Msg ok? _____

Email Address _____

Psychiatrist or MD _____

Current Medications _____

Birthdate _____

Name _____ Age _____

Address: _____

City _____ State _____ Zip _____

Home Ph _____ Msg ok? _____ Which number
is the best? _____

Msg ok? _____

Cell Ph _____ Msg ok? _____

Email Address _____

Psychiatrist or MD _____

Current Medications _____

Birthdate _____

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DISCLOSURE AND PRACTICE POLICIES STATEMENT

Education and Training

I earned my Masters of Social Work degree from University of Denver in 1998, and my Bachelor of Arts degree in English from Boston University in 1987. I am licensed in the State of Colorado as a Licensed Clinical Social Worker. I am a Certified PACT Couple Therapist and Core Faculty member of the PACT Institute. I am also a Certified Hakomi Therapist by the Hakomi Institute.

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the division of Registrations. The Board of Licensed Professional Counselor Examiners can be reached at 1560 Broadway, Suite 1350, Denver, CO 80202, 303-894-7800.

As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision.

Client Information

At any time you may ask about the methods of therapy, techniques I use, duration of your therapy, if known, and my fee structure. You may always seek a second opinion from another therapist or terminate therapy at any time. If I feel that I am unable to assist you adequately, I reserve the right to suggest a referral option.

In a professional relationship, sexual intimacy between a therapist and a client is never appropriate and should be immediately reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

Confidentiality

Generally speaking, information provided by a client during therapy sessions is legally confidential and cannot be released without your consent. You should know, however, that there are exceptions to this confidentiality, some of which are listed in sections 12-43-218 of the Colorado Revised Statutes as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice act (CRS 12-43-101 et seq.) is available at <http://www.dora.state.co.us/mental-health/Statute.pdf>

Fees and Payment Policies

My hourly fee for couple intensives is \$400. Ongoing couple therapy is \$300 per hour Monday through Thursdays, and \$400 Friday through Sunday. Fees are prorated accordingly. Payment is expected in full at each session. I accept cash, check or credit cards. I do not accept insurance, but will provide a receipt so you can file a claim for reimbursement with your insurance company.

Since my time has been scheduled specifically for you, cancellations made less than 48 business hours in advance will be charged to your account and are not reimbursable by

insurance. If you are sick and contagious, please contact me before your session. I will do my best to fill it, but if I cannot you will be billed for that time. _____ (**Initials**)

Couple Confidentiality

I practice a no-secrets policy when conducting couple therapy, which means that confidentiality does not apply between partners in the couple. I require that all email and texts sent to me include your partner/spouse. Any information given will not be held in confidence in couple sessions, unless mutually agreed upon under rare circumstances involving personal safety. _____ (**Initials**)

Litigation Limitation

Due to the sensitive nature of the therapeutic process and the fact that it often involves disclosing matters confidential in nature, it is agreed that should there be any legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. _____ (**Initials**)

Emergencies

As a therapist in outpatient private practice, I do not provide 24 hour emergency services. If you need emergency assistance please call the Boulder County Crisis line at (303) 447-1665, or call 911, or go to your nearest emergency room.

Telephone Calls

I check my messages regularly, and I will make every effort to return calls as promptly as possible. I may not be able to do so on weekends, holidays, and personal vacations. I charge for conversations lasting longer than 10 minutes. I do not provide 24 hour assistance. If you need emergency assistance, please call the Boulder County Crisis Line at (303) 447-1665, or call 911, or go to your nearest emergency room.

By your signature below, you are indicating that you have read and understood the preceding information, it has been provided to you verbally, and that you understand your rights as a client, and agree to participate in treatment within the guidelines set forth here.

Print Client Name

Client Signature

Date

Print Client Name

Client Signature

Date