

**Rob Jackson, MS, LPC**  
5585 Erindale Drive, Suite 207 ❖ Colorado Springs, CO 80918

**Qualifications and Experience**

Thank you for the privilege of serving you. I've drafted this document to inform you about my background, and to insure that you understand our professional relationship.

I am licensed by the states of Colorado and Mississippi as a Professional Counselor. In my counseling practice, ChristianCounsel International, I specialize in the treatment of intimacy issues, including sex addiction and codependency. I work with individuals, couples, and families, including adolescents.

**Nature of Counseling:**

Although our sessions may be very relationally, it is important for you to realize that we have a professional relationship rather than a personal one. Our contact will be limited to the paid sessions you have with me. Please do not invite me to social gatherings, offer gifts, or ask me to relate to you in any way other than in the professional context of our counseling sessions. I can serve you better if our relationship remains strictly professional, and if our sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during your counseling experience. However, it is important for you to remember that you are experiencing me only in my professional role.

It is also important for you to understand that therapy is not without its risks. As with any healthcare procedure, it is not possible to guarantee a specific or desired outcome. I will make every reasonable effort, however, to help cultivate a meaningful and therapeutic experience for you.

**Complaints:**

If at any time for any reason you are dissatisfied with my services, please let me know. I think you will find me easy to work with, and should there be a problem, I hope you that will give me an opportunity to find a mutually beneficial solution. However, if I am unable to resolve your concerns, you may report your complaints to the Colorado State Grievance Board at (303) 894-7766 or the Mississippi State Board of Examiners for Licensed Professional Counselors (depending on the location of your intensive).

**Professional Fees:**

I provide brief intensive therapy at the hourly rate of \$150.00. I typically provide a five-day service with twenty hours of therapy and one personality appraisal (MMPI-2) per participant. Therefore the base fee for the therapy is \$3000.00, with an additional charge of \$150.00 per participant for personality appraisal. When you call in your reservation, you may prepay the therapy in full (\$3000.00) and receive a discount of \$300.00. This discount essentially covers the fee of two personality appraisals.

If you wish to post a deposit, rather than prepay your intensive, you may call in a 50% deposit of the projected total. Once I receive your financial commitment by credit/debit card over the telephone, your preferred dates and times are reserved exclusively for you.

Unfortunately, I cannot hold or guarantee preferred dates and times for more than five business days (from the time we schedule your intensive) without a deposit. And if a balance remains on your intensive, it is due and payable by debit/credit card on the first day of your intensive.

**Postponements and Cancellations**

In the extremely unlikely event that I had to postpone the intensive (due to significant illness, accident, or emergency involving myself or my family), and at that time if you opted to cancel the intensive altogether, my financial liability would be limited to any professional fees that I had previously received from you. Similarly, if I had to terminate an intensive early (due to significant illness, accident, or emergency involving myself or my family), within ten business days I would issue a prorated refund specific to the unused portion of your intensive.

Postponements by either of us are reserved for significant illnesses, accidents, and emergencies only. There are no exceptions.

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In the event you opt to terminate your intensive early, no refund will be given since I cannot re-offer my time to another client. However, we can apply your unused balance toward aftercare telephone counseling at the hourly rate of \$120.00.

If you cancel your intensive 31 days or more before your scheduled dates of service, you may transfer your deposit to another date, or have your deposit refunded in full within 30 days of your cancellation notice. If your cancellation occurs in less than 31 days of your intensive, you will forfeit your deposit if you elect to not reschedule the intensive. There are no exceptions.

SNOW POLICY: No refunds will be given due to bad weather, but I will make every reasonable effort to serve you during your stay in Colorado Springs or the greater Memphis area.

**Health Insurance:**

Health insurance does not reimburse for brief intensive therapy in outpatient offices. Therefore, we have a mutual understanding that you are not filing for insurance reimbursement. If you opt to file for insurance, I will limit my involvement to the completion of one insurance form.

**Records and Confidentiality:**

Confidentiality in counseling is protected by law. Unless you grant written or verbal permission (i.e. by signing a release of Information), I will neither inform anyone that you are receiving counseling, nor will I disclose the content of anything communicated in sessions. Since the content of what you share is legally confidential, I cannot be forced to disclose anything without your consent. However, the State of Colorado does mandate, that *confidentiality is waived* if one or more of the following situations arise (see section 12-43-218, C.R.S.).

- If you pose a serious physical danger to yourself or another person.
- If you disclose that a child, an elderly person, an incompetent person, or a disabled person has been physically or sexually abused or molested.
- If you disclose that a child, an elderly person, an incompetent person, or a disabled person is suffering from neglect.
- A disclosure of your information can be ordered by a judge or court for the purpose of criminal or delinquency hearings, or when there is a legal or disciplinary proceeding regarding quality of care, or when services are being reviewed by a professional or legal entity.
- You disclose a threaten to national security. (HIPAA)

By your signature below, you are indicating that you have read and understood this statement in its entirety, and/or that any questions you have had about this statement have been answered to your satisfaction.

\_\_\_\_\_  
Counselor's Signature and Date

\_\_\_\_\_  
Client's Signature and Date

\_\_\_\_\_  
Client's Signature and Date

**Please fax a signed copy of this form toll free to 1.888.891.4673 within 24 hours of phoning in your financial commitment.**