Jenny's Foundational Counseling

Counseling throughout Colorado • intake@jennysfc.com

PROFESSIONAL DISCLOSURE

Mandatory Disclosure Statement

Colorado law requires that you be given this information in writing when we first meet. Please read it, ask about anything that is unclear, and sign the acknowledgment at the end. You are entitled to keep a copy. This statement is provided under C.R.S. § 12-245-216.

1. Your Counselor

Name	Jennifer Nicole Loomis, LPCC
Credential	Licensed Professional Counselor Candidate, registered with the Colorado Department of Regulatory Agencies
Registration number	LPCC.0023161
Registration period	April 7, 2025 - December 31, 2027
Education	Master of Arts, School Counseling - Colorado Christian University, awarded With High Distinction Bachelor of Arts, Interdisciplinary Studies - University of Northern Colorado
Other credentials	Licensed School Counselor (LSC), Colorado - licence 24501686 Colorado Initial Teaching License - Early Childhood Education
Business address	16062 W 63rd Pl, Unit E, Arvada, CO 80403 Mailing address only. Sessions are not held here.
Business phone	(303) 842-8127
Email	intake@jennysfc.com

2. Clinical Supervision

As a Licensed Professional Counselor Candidate, I am **not yet independently licensed**. I practice under the clinical supervision of a fully licensed professional, who is responsible for overseeing my clinical work with you.

Clinical supervisor	Dr. Elizabeth C. Wiggins, PhD, LPC, LSC
License number(s)	LPC.0013526
Phone	(719) 459-9894
Email	essentialcounseling@gmail.com

What this means for you: Dr. Wiggins reviews my clinical work, and your care may be discussed with her as part of that supervision. She is bound by the same confidentiality obligations described in section 5. You may contact her with questions or concerns about your care at any time.

3. Regulation and Complaints

The practice of licensed and registered mental health professionals in Colorado is regulated by the State Board of Licensed Professional Counselor Examiners, within the Department of Regulatory Agencies. If you have a concern about my conduct or my supervisor's conduct, you may contact the Board directly:

Board	State Board of Licensed Professional Counselor Examiners Division of Professions and Occupations
Address	1560 Broadway, Suite 1350, Denver, CO 80202
Phone	(303) 894-7800
Email	dora_dpo_licensing@state.co.us
Online	dpo.colorado.gov/ProfessionalCounselor

4. Your Rights as a Client

- You are entitled to information about the methods of therapy I use, the techniques involved, the expected duration of therapy if it can be determined, and my fee structure.
- You may seek a second opinion from another therapist at any time, and you may end therapy at any time, for any reason, without penalty.
- Sexual intimacy between a therapist and a client is **never appropriate**. If it occurs, it should be reported to the Board named in section 3.
- You may ask questions about anything in this statement, at any point in our work together.

5. Confidentiality

Information you share in our sessions is confidential and is protected under C.R.S. § 12-245-220 and HIPAA. I will not release information about you without your written permission, except where the law requires or permits it, including:

- When there is a serious and imminent risk of harm to you or to someone else.
- When there is reason to believe a child, an at-risk elder, or an at-risk adult with a disability is being abused or neglected.
- When records are ordered released by a court.
- As part of the clinical supervision described in section 2.

If you join a group, what you share there is also heard by the other members, who are not bound by these obligations the way I am. The separate Group Counseling Agreement explains what that means, and group members sign it in addition to this statement.

A fuller description of how your information is used and shared is provided in the separate HIPAA Authorization form.

6. Counseling for Adolescents

I work with adolescents as well as adults. Counseling with a young person involves their family, and Colorado law treats it differently from counseling with an adult, so this section sets out how it works. It is written for both the young person and their parent or guardian.

Who agrees to counseling

- In Colorado, a young person **aged 12 or older may consent to their own outpatient counseling**, without a parent's permission, where I judge that they are seeking it knowingly and voluntarily and that it is clinically appropriate (C.R.S. § 12-245-203.5).
- For a child **under 12**, a parent or legal guardian consents.
- Where a parent consents, I may need to see custody or guardianship paperwork to confirm who holds that authority. If parents are separated or divorced, please tell me at the outset.
- Even where a young person consents for themselves, I will talk with them about why involving a parent usually helps, and encourage it. Counseling tends to go better when the people at home are part of it.

What a parent will be told

Adolescents need to be able to speak freely, and parents need enough information to parent well. Balancing those is the point of this section. My usual approach:

- Parents can expect to hear about attendance, general progress, anything I believe they need to know to keep their child safe, and anything the child gives me permission to share.
- I will tell the young person, in advance where I can, before I share something with a parent. Being surprised by a disclosure damages trust more than the disclosure itself.
- Colorado law also allows me to tell a parent or guardian about counseling given or needed. Where I judge that telling them would be harmful to the young person's care, I may decide not to.

Where confidentiality ends

The limits in section 5 apply to adolescents exactly as they do to adults. In addition, if a young person tells me of a **serious threat of imminent physical violence against a specific person**, I am required to notify their parent or guardian, unless doing so would itself be harmful to the young person.

Paying for an adolescent's counseling

Whoever pays, the terms in section 8 apply. Paying for a young person's counseling does not by itself give a parent access to the content of their sessions; what is shared is governed by this section and by section 5. If a young person has consented to their own counseling, please be aware that appointment reminders, receipts, and card statements may still reach whoever holds the account being used.

7. How Sessions Work

I work with clients located in Colorado. How and where we meet will be agreed with you before your first session. When we meet by secure video (telehealth):

- You will need a private space and a phone, tablet, or computer with a camera. A session link is sent to you before each appointment.
- Video sessions carry privacy risks that in-person sessions do not, such as someone overhearing you or a device being shared. Please join from somewhere you will not be overheard.
- I must be able to reach you, and know where you are, in case of an emergency during a session. You will be asked to confirm your location at the start of each appointment.

If a video connection drops

- If the connection drops **within the first 30 minutes**, the session is rescheduled in full at **no charge**.
- If the connection drops **after 30 minutes**, we either finish by phone at that time at no extra charge, or reschedule a 30-minute video call follow-up session for **$10**.
- If the connection problem is on my end, that **$10 fee is waived**.

This is not an emergency service. I am not available around the clock and messages are not monitored continuously. If you are in immediate danger or experiencing a mental health emergency, call or text **988** (Suicide & Crisis Lifeline), dial **911**, or go to your nearest emergency room.

8. Fees and Payment

First session	$95. The initial session runs 90 minutes rather than the usual length, because there is history to cover and paperwork to set up.
Ongoing sessions	$65 per session, an hour
Group sessions	$25 per person, per group session
Paying by Zelle	$5 off any session paid by Zelle, making a first session $90, an ongoing session $60, and a group session $20
Educator discount	$10 off any individual session. With the Zelle discount as well, an ongoing session is $50 and a first session $80.
How to pay	Zelle to **JennysFC**, or by card through **Ivy Pay**. For card payments you will be sent a secure link by text the first time; after that your card can be kept on file and charged after each session. Card payments show on your statement as Ivy Pay, not as the practice name.
When payment is due	After each session, and before your next appointment. If a balance remains unpaid, further sessions cannot be scheduled until it is settled.
Insurance	Insurance is not accepted. Clients pay directly for their own care.
Fee changes	You will be given at least one month's notice before any increase in fees.

Cancellations

48 hours or more notice	No charge
Between 24 and 48 hours	Half the fee for the session that was booked
Less than 24 hours, or no show	The full fee for the session that was booked

Because you are paying for your own care rather than billing insurance, you are entitled under federal law to a written estimate of what your care will cost, in advance. Ask for a **Good Faith Estimate** at any time.

9. Your Records

Clinical records are kept securely. Please be aware that records may not be maintained after **seven years** from the date of our last contact. You may request a copy of your records in writing.

10. Acknowledgment

By signing below, I confirm that I have received, read, and had the opportunity to ask questions about this Professional Disclosure Statement, including the fact that my counselor is a Licensed Professional Counselor Candidate practicing under the clinical supervision of Dr. Elizabeth C. Wiggins.

Client name (printed) _____

Date _____

Client signature _____

Signature of parent or guardian, if client is a minor _____

Counselor signature _____

Date _____

Provided in accordance with C.R.S. § 12-245-216. A copy of this signed statement is retained in your clinical record, and you are entitled to keep a copy for yourself.