



Agreement of Services Confidentiality and Client Responsibilities

1. Psyche care sessions are confidential. There are instances when I am required by law to inform the authorities (or others) of the content of our sessions. These include: **A.** Should the client inform me they, or another person, is currently harming, or has in the past harmed, an identifiable child or elder. **B.** The client informed me of their intent to kill or harm oneself or another, or to damage or destroy the property of another. **C.** Should a client wish to use their counseling records in a legal proceeding, they may forfeit any and all right to confidentiality.

2. You are responsible for payment of services at the time services are rendered. The cost per session is for the traditional 50-minute session & 10 minutes for pertinent documentation. You can pay via cash, check, Venmo, Zelle, or credit card. If you need to set-up a payment plan, please inquire before services are conducted. You are responsible for all payments, even those denied by your credit card company.

3. You are responsible for notifying Dr. Jordan at least 24-hours prior to any canceled appointments. If you are more than 15 minutes late to a session without notification, the session will be canceled. You are responsible for payment for missed appointments. True emergencies, illnesses, & unsafe driving conditions are legitimate reasons to miss appointments without prior notification.

4. It is unlawful for Non-Licensed & Non-Certified Psychotherapist's to engage in business relationships, sexual relations, or in any other exploitative behaviors with clients. If you are concerned about any aspect of our relationship, please speak with me about your concerns. If you believe any counselor, or other licensed mental health provider, to be engaged in unlawful or unprofessional behaviors, contact the Secretary of State's Office at 802-828-2363 for assistance.

The State of Vermont requires all clinicians to provide the following information to clients.

I am registered with the State of Vermont Allied Mental Health Practitioners as a Non-Licensed & Non-Certified Psychotherapist. I received my Ph.D. in Depth Psychology & my Masters degree in Depth Psychology from Pacifica Graduate Institute in 2021 & 2010, respectively. I received my Bachelor's degree in Transpersonal Psychology & Cultural Studies with a minor in Photography from Burlington College in 2002.

My approach is Holistic & Humanistic, which considers & incorporates the needs of body, mind, soul, & spirit in relationship to oneself & the world through Intra- & Inter- Relational Dynamics. I work from a Jungian perspective & related approaches, such as Archetypal, Alchemical, Imaginal, Storytelling techniques, Creative mediums, & Nature-based engagements. In addition, I am influenced by the beliefs & practices of my Native American & Indigenous mentors & teachers. I am of Western-European (Irish) descent, which is also reflected in my practices.

My work strives to integrate Depth Psychological (exploration of the unconscious & soul-based) and Indigenous Knowledge Systems & Wisdom Traditions into my work. Informed by my background in cross-cultural reconciliation work, I endeavor to meet each person in their own cultural world views & practices, while acknowledging my own lenses & biases. My goal is to provide an environment where one can find & express one's personal voice & vision. If a person wishes, I will support said person in exploring their spiritual values & place in their life. It is my intention to be respectful of your life path & personal values.

You are the expert in your journey & needs. I will offer observations & questions, suggest homework, and propose possible ways of working with issues & feelings. I may encourage you to bring family and/or friends to our meetings to support you as you face difficult issues, to witness & encourage you on your journey, and to celebrate your healing. Always, you are free to accept or reject these suggestions.



Please ask me any questions you may have about the above, before signing this document.

I have read, understand, and agree to the above conditions.

Signature

Date

As parent or legal guardian, I authorize Annie Jordan, Ph.D. to provide psyche care services to

(Name of Client) _____. I understand that as the parent/guardian I have the right to request and receive information regarding the assessment and psyche care of this individual.

Signature of Parent/Guardian

Date

EMERGENCY CONTACT INFORMATION

Date: _____

Your Name: _____

Your Pronouns: _____

Your Address: _____

Home Telephone #: _____

Cell #: _____

E-mail: _____

Emergency Contact: _____

Their Relationship to you: _____

Their Home Telephone #: _____

Their Cell #: _____

I, _____, give Annie Jordan, PhD, or her representative, permission to contact the above person in the event of an emergency.

Client Signature

Date



Any other pertinent information you want to share (ex. Cultural or Spiritual framework):

By signing this form, you agree to the following:

1. You have read this form and fully understand its contents including the risks and benefits of psyche care services.
2. You had a conversation with Dr. Jordan & the opportunity to ask questions in regard to services offered by Surface Depth, PLLC. Your questions have been answered and the risks, benefits, & alternatives have been discussed with you in a language in which you understand.
3. You understand that you have the right to withhold or withdraw your consent to the agreement of services in the course of your care at any time, without affecting your right to future care or treatment. You may revoke your consent orally or in writing at any time by contacting Dr. Jordan directly.
4. You understand that it is illegal in the State of Vermont for you to make a recording of any kind of your psyche care session(s).
5. You understand that you have a right to, have been offered, & can request a copy of this form.

Patient Consent to Agreement of Services: I have read and understand the information provided above and have discussed it with appropriate persons. All of my questions have been answered to my satisfaction.

I hereby give my informed consent to work with Annie Jordan, PhD regarding my psyche health care and process.

Client Name (Please Print) _____

Client Signature _____ Date _____



Payment Agreement

I, _____, agree to pay the amount of _____ per 1-hour session. The cost may go up annually, but no changes will be made until Dr. Annie Jordan has had a discussion with me.

If I am on the slide scale, Dr. Annie Jordan will revisit the cost annually per the date on this document.

Client Signature

Date