



PRACTICE INFORMATION & CONSENT TO TREATMENT

This document contains important information about my professional services and business policies. Please read it carefully and I will be happy to answer any questions.

PSYCHOTHERAPY: Psychotherapy varies depending on the personality of both the therapist and the patient and the particular problems that the patient brings. There are a number of different approaches that can be used. Psychotherapy requires an active effort on your part. In order to be most successful, you will have to work on things we talk about both during our session and at home. Psychotherapy has both benefits and risks. Risks include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger, loneliness, and helplessness. Psychotherapy often requires discussing unpleasant aspects of your life. Therapy typically leads to a significant reduction in feelings of distress, better relationships, and resolutions of specific problems, but there are no guarantees about what will happen. Our first few sessions will involve an evaluation of your needs and the development of a treatment plan. If you have questions about my procedures, we should discuss them whenever they arise. If doubts persist, I will be happy to help you to secure an appropriate consultation with another mental health professional.

APPOINTMENTS AND CANCELLATION POLICY: Appointments are scheduled for 50 minutes on a weekly basis unless more/less are mutually determined. This appointment time is reserved for you on an ongoing basis. If you cancel or miss an appointment it is impossible for me to fill that time because that time belongs to you. As you may know insurance does not reimburse missed or cancelled appointments. If you must cancel, I will try to reschedule you during the week of your cancellation, however, that is frequently impossible. **If you must cancel an appointment, please provide me at least a 24 hour notice or you will be responsible for paying a cancellation fee of \$50.**

PROFESSIONAL FEES: The fee for the initial evaluation is \$200. Each 50-minute session thereafter will be \$140 or the amount determined by your insurance policy. Other professional services, such as report writing, telephone conversations which last longer than five minutes, attendance at meetings, consultations with other professionals which you have authorized, and preparation of records or treatment summaries will be prorated from a base rate of \$140 per hour. Many of the above mentioned services may not be covered by insurance and may be billed directly to you. If you become involved in litigation that requires my participation, you will be expected to pay for the professional time required, even if I am compelled to testify by another party. Because of the complexity and difficulty of legal involvement, I charge \$175 per hour for preparation for and attendance at any legal proceeding.

BILLING AND PAYMENTS: Billing questions may be addressed with Janell Cibart at Sunrise Medical Billing (719-579-6436). Payment is due at the time of the session unless other arrangements have been made. I will file your insurance claim, but you are responsible for deductibles, co-insurance, and co-payments. It is your responsibility to familiarize yourself with your insurance benefit. If your account is more than 60 days in arrears and suitable arrangements for payment have not been agreed to, I have the option of using legal means to secure payment, including collection agencies or small claims court. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim.

CONTACTING ME: Because I am meeting with clients, I am typically not immediately available by telephone. When I am unavailable my telephone is answered by voice mail. I will make every effort to return your call within 24 hours. If you cannot reach me and you feel that you cannot wait for me to return your call, you should

call your family physician or go to the emergency room of a hospital of your choice. If I am unavailable for an extended time, I will provide you with the name of a trusted colleague whom you can contact if necessary.

CONFIDENTIALITY

A clinical chart is maintained describing your condition and your treatment and progress, dates of sessions, and notes describing each therapy session. Active and inactive charts are locked and kept on site. Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

1. Possible abuse or neglect of a child, elderly person, or a disabled person.
2. If you are in danger of harming yourself or another person, or you are unable to care for yourself. If you report that you intend to physically injure someone, the law requires your therapist to inform that person as well as the legal authorities.
3. If I am ordered by the court to release information of part of a legal involvement in company litigation, etc., or otherwise required by law.
4. When your insurance company is involved, such as filing a claim, insurance audits, case review or appeals. You should be aware that most insurance agreements require you to authorize me to provide a clinical diagnosis and sometimes, additional clinical information such as a treatment plan or summary, and in rare cases the entire record. The information will become part of the insurance company files, and, in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, I have no control what they do with it. In some cases, they may share the information with a national medical information data bank.
5. Natural disaster, whereby protected records may become exposed.
6. Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

CLIENT RIGHTS

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists. The State Grievance Board is located at 1560 Broadway, Suite #1370. Denver, Colorado 80202. (303) 894-7766

1. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure.
2. You can seek a second opinion from another therapist or terminate therapy at any time.
3. The State Grievance Board requires that you be informed that sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, you should report it to the State Grievance Board at the above address.
4. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed psychologist. If the information is legally confidential the therapist cannot be forced to disclose the information without the client's consent. Information disclosed to a licensed psychologist is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates. There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (see section 12-43-218, C.R.S.).

HIPAA AUTHORIZATIONS

The following specifies your rights about this authorization under the Health Insurance Portability and Accountability Act of 1996, as amended from time to time (“HIPAA”).

1. Tell your mental health professional if you don’t understand this authorization and they will explain it to you.
2. You have the right to revoke or cancel this authorization at any time, except (a) to the extent information has already been shared based on this authorization, or (b) this authorization was obtained as a condition of obtaining insurance coverage. To revoke or cancel this authorization, you must submit your request in writing to your mental health professional and your insurance company, if applicable.
3. You may refuse to sign this authorization. Your refusal to sign will not affect your ability to obtain treatment, make payment, or affect your eligibility for benefits. If you refuse to sign this authorization, and you are in a research-related treatment program, or have authorized your provider to disclose information about you to a third party, your provider has the right to decide not to treat you or accept you as a client in their practice.
4. Once the information about you leaves this office according to the terms of this authorization, this office has no control over how it will be used by the recipient. You need to be aware that at that point your information may no longer be protected by HIPAA.
5. If this office initiated this authorization, you must receive a copy of the signed authorization.
6. **Special instructions for completing this authorization for the use and disclosure of Psychotherapy Notes.** HIPAA provides special protections to certain medical records known as “Psychotherapy Notes.” All Psychotherapy Notes recorded on any medium (i.e., paper, electronic) by a mental health professional (such as a psychologist or psychiatrist) must be kept by the author and filed as defined under HIPAA as notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separate from the rest of the individual’s medical records. Excluded from the “Psychotherapy Notes” definition are the following: (a) medication prescription and monitoring, (b) counseling session start and stop times, (c) the modalities and frequencies of treatment furnished, (d) the results of clinical tests, and (e) any summary of diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

In order for a medical provider to release “Psychotherapy Notes” to a third party, the client who is the subject of the Psychotherapy Notes must sign an authorization to specifically allow for the release of Psychotherapy Notes. Such authorization must be separate from an authorization to release other medical records.

CONSENT FOR TREATMENT: I have read and understood this policy statement and I have had my questions answered to my satisfaction. I accept, understand, and agree to abide by the contents and terms of this agreement and further, consent to participate in evaluation or treatment. I understand that I may withdraw from treatment at any time. I acknowledge that I have received and read a copy of my patient rights and responsibilities and I agree to the above limits of confidentiality and understand their meanings and ramifications.

Client Signature/ Guardian _____ Date: _____