

Grace Counseling

THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

Disclosure Statement

The State of Colorado requires that psychotherapy and psychiatric clinicians provide clients with certain information about the psychotherapy process. Please take the time to read this page carefully, ask about any matters that seem unclear, initial where indicated, and sign the back page of the statement. Signing this form indicates you agree to and understand the policies of Grace Counseling. A copy will be placed in your files.

As licensed therapists/clinicians, we endeavor to integrate sound psychological, medical, and spiritual principles in your treatment. You are entitled to receive information from any counselor concerning their methods of therapy, the techniques used, an estimation of the duration of your therapy, fee structure, risks and benefits of therapy, confidentiality, and access to records. You may seek a second opinion from another clinician and/or terminate therapy at any time. Counselors/clinicians may need to be informed if you are working with more than one therapist to provide you with the best treatment.

Everyone seventeen (17) years and older must sign this disclosure. A parent or legal guardian with the authority to consent to mental health services for their minor children, must sign this disclosure on behalf of their minor child under the age of seventeen (17) years old. This disclosure statement contains the policies and procedures of Grace Counseling and is HIPAA compliant. No medical or psychotherapeutic information, or any other information related to your privacy will be revealed without your permission unless mandated by Colorado law and Federal Regulations (42 C.F.R. Part 2 and Title 25, Article 4, Part 14 and Title 25, Article 1, Part 1, CRS and the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 142, 160, 162 and 164)

You, as a client, may revoke your consent to treatment, release of confidential information, or disclosure in writing at any time during therapy.

Regulation of Psychotherapists

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The regulatory boards can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, 303-894-7800. The regulatory requirements for mental health professionals provide that a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a master's degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Certified Addiction Counselor I (CACI) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience. A CAC II must complete additional required training hours and 1000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health, and complete additional required training and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified.

Levels of Psychotherapy Regulation in Colorado include licensing (requires minimum education, experience, and examination qualifications), Certification (requires minimum training, experience, and for certain levels, examination qualifications), and Registered Psychotherapist (does not require minimum education, experience, or examination qualifications.) All levels of regulation require passing a jurisprudence take-home examination.

****If a Registered Psychotherapist:** I am a Registered Psychotherapist, listed in the Colorado database, and thereby authorized to practice psychotherapy. I am not a licensed psychotherapist nor am I required to satisfy any standardized educational or testing requirements to obtain registration in Colorado. Psychotherapists are under the clinical supervision of licensed mental health professionals.

Scheduling Policies

Standard counseling sessions are based on 50-minute clinical hours. Scheduling is handled through the front desk. Please call 720-489-8555, ext. 100, Monday through Thursday, 9 am to 4:30 pm and Friday, 10 am to 2 pm to schedule or cancel appointments.

Payment Policies: *Please read and **INITIAL** each item:*

1. PAYMENT IS DUE ON THE DAY OF YOUR COUNSELING SESSION.

2. Fees are \$120 for Licensed Professional Counselors/L.P.C., Licensed Marriage and Family Therapist/L.M.F.T., \$150 for Licensed Psychologist/PhD/PsyD, Anger Evaluation w/ Dr. Michael Ballard \$300/hr., and \$300 for Advanced Practice Registered Nurse for psychiatric evaluation, \$100 for medication management (20-30 minutes), \$200 for medication management and therapy (50 minutes), LPCC \$90. Reduced fees may be available through the counseling intern. Any psychological testing fees need to be discussed with psychologist before scheduling appointment.

There will be a \$25.00 charge for returned checks

3. The full session fee is charged for MISSED appointments and cancellations, excluding emergencies and illness, not made 48 HOURS IN ADVANCE (Victim's compensation and the benevolence fund do not pay for late cancellations or missed appointments; therefore, clients are responsible for payment of Grace Counseling's regular full fee for a missed session).

4. Grace Counseling is out-of-network coverage for insurance companies; therefore, it is the client's responsibility to file with their insurance provider for reimbursement. After full payment, **at the time of service**, Grace Counseling will provide an itemized statement for you to file with your insurance. If insurance does not reimburse as anticipated, it is the client's responsibility to address the issue with their insurance provider.

5. Fees for auxiliary services are pro-rated and charged at the regular hourly session fee. This includes (not limited to) written reports, insurance correspondence, phone calls exceeding 10 minutes, court appearances and school meetings (including travel time).

6. Victim's Compensation – All sessions to be paid through Victim's Compensation must be accompanied by **with claim number**.

7. Medicaid – I am presently not on Medicaid. If in the future I become a Medicaid client, I will contact Grace Counseling. **We cannot see Medicaid clients.**

EMERGENCY CONTACT

Clients will be provided specific information regarding emergency contact with their counselor/clinician. The emergency numbers of each counselor is provided on his/her Grace Counseling voicemail at 720-489-8555.

IF YOU ARE EXPERIENCING A LIFE-THREATENING EMERGENCY, CALL 911 OR GO TO THE NEAREST HOSPITAL EMERGENCY ROOM AND CONTACT YOUR COUNSELOR FROM THERE.

YOUR RIGHTS AND INFORMATION

The Colorado State Department of Regulatory Agencies regulates the practice of both licensed and registered persons in the profession of psychotherapy and advanced practice registered nursing.

Any questions, concerns or complaints regarding the practice of psychotherapy may be directed to the State Board.

Sexual intimacy between client and therapist is **never** appropriate and is illegal in Colorado. If sexual intimacy occurs, it should be reported to the Board:

Mental Health Occupations Grievance Board
1560 Broadway, Suite 1350
Denver, CO 80202
303-894-7800

CONFIDENTIALITY

Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a certified school psychologist, a licensed social worker, a licensed marriage and family therapist, a licensed professional counselor, a licensed psychologist, or a registered psychotherapist. 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 marriage and family therapist, a licensed social worker, a licensed professional counselor, a licensed psychologist, a registered psychotherapist, or a certified/licensed addiction counselor 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 this general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. & 12-43-218). You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in C.R.S &13-90-107. These are exceptions that your therapist will identify to you as the situations arise during treatment or in your professional relationship. For example, your therapist is required to report child abuse or neglect situations, is required to report the abuse or exploitation of an at-risk elder or the imminent risk of abuse or exploitation. If your therapist determines that you are a danger to yourself or others, he/she is required to disclose such information to the appropriate authorities or to warn the party you have threatened. If you become gravely disabled, your therapist is required to report this to the appropriate authorities. If you confess to a felony or other serious crime, your therapist may be required to report that information to the appropriate law enforcement agency. Your therapist may also disclose confidential information in the course of supervision or consultation in the investigation of a complaint or civil suit filed against us, or if your therapist is ordered by a court of competent jurisdiction to disclose such information. You should also be aware that if you should communicate any information involving threat to yourself or others, your therapist may be required to take immediate action to protect you or others from harm. In addition, there may be other exceptions to confidentiality as provided by HIPAA regulations and other Federal and/or Colorado laws and regulations.

Additionally, although confidentiality extends to communications by text, e-mail, telephone, and/or other electronic means, Grace Counseling cannot guarantee that those communications will be kept confidential and/or that a third-party may access your communications. Even though Grace Counseling may utilize state of the art encryption methods, firewalls, and back-up systems to help secure your communication, there is a risk that your electronic or telephone communications may be compromised, unsecured, and/or accessed by a third-party. Please review and fill out Grace Counseling's Consent for Communication of Protected Health Information by Non-Secure Transmissions. You understand that if you initiate communication via electronic means that you have not specifically consented to in Grace Counseling's Consent for Communication of Protected Health information by Non-Secure Transmissions you will need to amend the consent form.

Lastly, there may be times when your therapist may need to consult with a colleague or another professional, like an attorney or supervisor, about issues raised by you in therapy. Your confidentiality is still protected during consultation by your therapist and the professional consulted. Only the minimum amount of information necessary to consult will be disclosed. Signing this disclosure statement gives your therapist permission to consult as needed to provide professional services to you as a client.

You understand that this form is compliant with HIPAA regulations and no medical or therapeutic information or other information related to your privacy, will be released without permission unless mandated by Colorado law as described in this form. Consistent with HIPAA guidelines authorization for release and consent for treatment will be automatically revoked one year after the signing date. You understand that you have received Grace Counseling's Notice of Privacy Policies and Practices and Compliance with HIPAA Regarding Confidentiality of Client Records and Dissemination of Information, and acknowledge receipt of the policy.

DISCLOSURE REGARDING DIVORCE AND CUSTODY LITIGATION

If you are involved in divorce or custody litigation, your therapist's role is not to make recommendations to the court concerning custody or parenting issues. The court can appoint professionals, who have no prior relationship with family members, to conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family's children.

Under Colorado law, C.R.S. & 14-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information your therapist may provide you with a treatment summary in compliance with Colorado law and HIPAA Standards.

I understand that if I am consenting to treatment and therapy services for minor children that my therapist may request that I produce the Court Order Custody Agreement that grants me the authority to consent to mental health services for my minor child. Further, I understand that I am to keep my therapist(s) informed of any proceedings or supplemental court orders that affect my parenting rights and custody arrangements.

Your signature below affirms that the preceding information has been provided to you in writing by your primary therapist, or if you are unable to read or have no written language, an oral explanation accompanied the written copy. You understand your rights as a client/patient and should you have any questions, you will ask your therapist.

Name of Client (s) PLEASE PRINT

Date

Signature of Client(s) or Legal Guardian

Date

Signature of Therapist

Date

7921 Southpark Plaza * Suite 204 * Littleton, CO 80120
720.489.8555