



## ADOLESCENT THERAPY REGISTRATION AND PARENT QUESTIONNAIRE

**Welcome!** Parents/Guardians, please complete the registration and agreement/contract below, pages 1-7. then complete the parent questionnaire, pages 8-11. The third section, pages 12-16, is your copy of the agreement.

### SECTION ONE: REGISTRATION INFORMATION AND AGREEMENT FOR SERVICES

Adolescent's Name \_\_\_\_\_ DOB \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Adolescent's phone \_\_\_\_\_ Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Approximate GPA \_\_\_\_\_

How were you referred to this practice? \_\_\_\_\_

Parent/Guardian One:

Name \_\_\_\_\_

Address: \_\_\_\_\_

Home number \_\_\_\_\_ Work number \_\_\_\_\_ Cell number \_\_\_\_\_

Email address, if you agree to electronic communication \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Parent/Guardian Two:

Name \_\_\_\_\_

Home number \_\_\_\_\_ Work number \_\_\_\_\_ Cell number \_\_\_\_\_

Address, if different: \_\_\_\_\_

Email address, you agree to electronic communication \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

This document (the Agreement) contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of this session. Although these documents are long and sometimes complex, it is very important that you read them carefully. We can discuss any questions you have about the procedures at any time. When you sign this document, it will also represent an agreement or contract between us.

### **PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you are experiencing. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

### **MEETINGS**

I normally conduct an evaluation, which may or may not include formal psychological testing, that will last from two to four sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week or every other week at a time we agree on, although some sessions may be longer or more frequent.

### **LATE CANCELLATION/MISSED APPOINTMENT POLICY**

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must be cancelled by 5 PM on Thursday evening to avoid a late cancellation charge. It is important to note that insurance companies do not provide reimbursement for cancelled sessions.

***Note for group clients: Regular attendance at group is very important, both for the client and for the wellbeing of the entire group. That said, things do come up, such as trips, school events, and illnesses. Therefore, group clients are allowed one free missed appointment per calendar month if necessary. Any further missed appointments in the calendar month will be billed at the regular rate.***

## **PROFESSIONAL FEES**

My hourly fee is \$177.00. In addition to appointments, I charge this amount for other professional services you may need, although I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than five minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the complexity and liability of legal involvement, I charge \$225 per hour for preparation for and participation in any legal proceeding. My fee for 75-minute group sessions is \$50.

## **CONTACTING ME**

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I will make every effort to return your call within 24 hours, with the exception of Fridays, weekends and holidays. If you are also difficult to reach, please inform me of some times when you will be available. ***If your call is a mental health emergency, and you and feel that you cannot wait for me to return your call, contact your family physician or Highlands Behavioral Health at 720-348-2800. If your emergency is life threatening, call 911 or go to the nearest emergency room and ask for the psychologist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.***

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## **LIMITS ON CONFIDENTIALITY**

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- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all

consultations in your Clinical Record (which is called “PHI” in my Notice of Psychologist’s Policies and Practices to Protect the Privacy of Your Health Information).

- You should be aware that I employ administrative staff. In most cases, I need to share protected information with these individuals for both clinical and administrative purposes, such as, billing, filing, and quality assurance. All staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice without the permission of a professional staff member.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.
- If a patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If you are involved in a court proceeding and a request is made for information concerning my professional services, such information is protected by the psychologist-patient privilege law. I cannot provide any information without either your written authorization or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I am required to provide it for them.
- If a patient files a complaint or lawsuit against me, I will disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker’s compensation claim, I am required to submit a report to the Workers’ Compensation Division.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient’s treatment. These situations are unusual in my practice.

- If I have reasonable cause to know or suspect that a child has been subjected to abuse or neglect or if I have observed a child being subjected to circumstances or conditions which would reasonably result in abuse or neglect, the law requires that I file a report with the appropriate governmental agency. Once such a report is filed, I may be required to provide additional information.
- If I have reasonable cause to believe that an at-risk adult has been or is at imminent risk of being mistreated, self-neglected, or financially exploited, the law requires that I file a report

with the appropriate governmental agency. Once such a report is filed, I may be required to provide additional information

- If a patient communicates a serious threat of imminent physical violence against a specific person or persons, I must make an effort to notify such person; and/or notify an appropriate law enforcement agency; and/or take other appropriate action including seeking hospitalization of the patient.

Please note that email and text communications cannot be guaranteed confidentiality. The safest way to contact me is via landline telephone or mail. If you choose to email and accept email, you do so with the understanding that it is beyond the capacity of this office to guarantee confidentiality. You may send encrypted messages if you choose to do so; please speak to me about information regarding how to do this.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

### **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. Colorado has a psychotherapist-patient privilege which means mental health professionals cannot be asked about any knowledge gained during the course of therapy without the consent of the person to whom the testimony relates (C.R.S. 13-90-107 (g)). This privilege extends to treatment records including psychotherapy notes.

Juvenile patients in particular require the privacy protection provided by the psychotherapist-patient privilege due to the sensitive nature of children's mental health care (Dill v. People, 927 P.2d 1315, 1321 Colo. 1996.)

While patients have the right to submit in writing a request to examine and/or receive a copy of the Clinical Record, these are professional records and can be misinterpreted and/or upsetting to untrained readers. If I believe disclosure of records may cause psychological harm to the patient, I may instead provide you with a written summary of the records (C.R. S. 25-1-802 (1) (a)). If I refuse your request for access to records, you have a right of review, which I will discuss with you upon request.

### **PATIENT RIGHTS**

HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

You also have a right to inquire about my professional training and credentials and you are always welcome to do so. In summary, I am a psychologist, licensed in the state of Colorado since 1997. I completed a master's degree in counseling and general psychology at the University of West Florida in 1991 and a doctorate in

professional psychology at the University of Denver in 1995. I hold a bachelors degree in Social Work and English Literature. My training at the University of Denver was approved by the American Psychological Association as was my pre-doctoral internship site at Indiana University Counseling and Psychological Services. I specialize in family systems, child, couple, and family therapy, trauma recovery, and psychological testing. I am have been trained in Eye Movement Desensitization Reprocessing (EMDR) since 2000 and continue to study and implement this therapy technique. I also pursue continuing education in variety of areas, particularly trauma recovery, divorce-related matters, and clinical applications of neurobiology.

You are entitled to request information about the methods of therapy, techniques used, probable duration of therapy if known, and the fee structure. You may seek a second opinion from another therapist or terminate therapy at any time.

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Psychologist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

Regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters 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 masters 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 (CAC I) must be a high school graduate, and complete required training hours and 1,000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health, and complete additional required training hours 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, and no degree, training or experience is required.

### **MINORS & PARENTS**

Patients under 15 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records, unless I decide that such access is likely to injure the child. Because privacy in psychotherapy is often crucial to successful progress, it is my policy to request an agreement from parents that they consent to give up access to their child's records. During treatment, I will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions, except in the case of very young children. Upon written request, I will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's Authorization to release records, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents and/or appropriate authorities of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have. *By signing this Agreement herein, you agree to give up access to your child's full records.*

**BILLING AND PAYMENTS**

**You will be expected to pay for each session at the beginning of each appointment, with a check, cash, or the credit card you put on file with Ivy Pay at the beginning of treatment.** (See below for more information about Ivy Pay security\*) If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court, which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a patient’s treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim

**\*Ivy Pay Security Guide**

How Ivy Pay protects your health information

Ivy Pay is HIPAA-secure, using technical, administrative and physical safeguards to protect your patient health information.

We go a step further and protect the confidentiality of the therapeutic relationship so it is not revealed.

How Ivy Pay protects your financial information

Ivy Pay uses advanced security systems and data encryption to protect you and guard against unauthorized transactions and access to your personal or financial information. Encryption and SSL: Your financial information is encrypted, stored and protected on secure servers. On the web, SSL is active. We work hard to ensure that our system meets and exceeds security industry standards and best practices.

PCI data security: Anyone involved with processing, transmission, or storage of credit card data must comply with the Payment Card Industry Data Security (PCI DSS). Card processing adheres to PCI Data Security Standard (PCI DSS).

Your signature below indicates that you have read this agreement and agree to abide by all of its terms, including waiver of access to a child patient's records, and also serves as an acknowledgement that you have received the HIPAA notice form described above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Client

## SECTION TWO: PARENT/GUARDIAN QUESTIONNAIRE

Name of adult completing this form \_\_\_\_\_

Relationship (mother, father, etc) \_\_\_\_\_

Briefly describe the reasons you are seeking counseling for your child \_\_\_\_\_

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What is most concerning for you right now? \_\_\_\_\_

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What would you like to see happen/be better as a result of counseling? \_\_\_\_\_

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### Problems/symptoms:

What symptoms have you noticed in your child in the past month? (Please check all that apply)

overeating  restless  rapid heart rate  compulsive behaviors  drinking alcohol  taking drugs  
 depressed mood  sweating  impulsive behaviors  odd behavior/thoughts  crying  trembling or shaking  
 fears/phobias  recent weight gain  difficulty concentrating  shortness of breath  anxiety  
 recent weight loss  low motivation  muscle tension  vomiting  recent appetite changes  aggressive behavior  
 outbursts of temper  distrust  social withdrawal  feelings of worthlessness  nightmares  
 jumpy  family emotional problems  stomach problems  easily distracted  dizzy or lightheaded  
 chest pain  sleeping too much  decreased need for sleep  fatigue/loss of energy  difficulty falling asleep  
 problems with school  housing problems  obsessions  difficulty staying asleep  pain  
 relationship problems  experienced a traumatic event  financial problems  can't turn mind off   
 self-mutilation(cutting)  suicidal thoughts  suicide attempts  other: \_\_\_\_\_

### Adolescent's Health History:

Were there any complications with the pregnancy or delivery of your child? Yes  No  If yes, describe:

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Did your child have health problems at birth? Yes  No  If yes, describe: \_\_\_\_\_

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Did your child experience any developmental delays (e.g. toilet training, walking, talking, sensori-integration problems)? Yes \_\_\_ No \_\_\_ Not sure \_\_\_\_\_ If yes, describe \_\_\_\_\_

Any significant illnesses, injuries, surgeries, treatments? \_\_\_\_\_

Current health conditions? \_\_\_\_\_

Allergies? \_\_\_\_\_

Current medications? \_\_\_\_\_

**Academic History:**

Did your child attend daycare or preschool? \_\_\_\_\_ yes \_\_\_\_\_ no

If so, how did your child handle separations from you? \_\_\_\_\_

How did your child do with peers and early teachers? \_\_\_\_\_

Does your child attend \_\_\_\_\_ public school \_\_\_\_\_ private school \_\_\_\_\_ charter \_\_\_\_\_ home schooling

What are your child's academic strengths? \_\_\_\_\_

Any academic weaknesses \_\_\_\_\_

Do you have concerns about your child's current academic progress? \_\_\_\_\_

Social or behavior problems at school? \_\_\_\_\_

**Social and Emotional History:**

Has your child experienced abuse, loss, victimization, any significant changes, moves, or anything you would consider traumatic? Please describe, including child's age at each event \_\_\_\_\_

What are your child's worries or fears? \_\_\_\_\_

Has your child ever talked about hurting self or others? \_\_\_\_\_ Ever made an attempt? \_\_\_\_\_

Do you have concerns about your child's eating habits? \_\_\_\_\_

Do you have concerns about alcohol or other substance use? \_\_\_\_\_

Any concerns about self-mutilation (such as cutting)? \_\_\_\_\_

Any concerns about child's sexual behavior? \_\_\_\_\_

Any concerns about child's use of internet and social media? \_\_\_\_\_

How does your child interact with adults (teachers coaches, activity leaders, neighbors, friends of the family)? \_\_\_\_\_

How does your child interact with peers? \_\_\_\_\_

With younger children? \_\_\_\_\_

With older teens/young adults? \_\_\_\_\_

Is your child aggressive? \_\_\_\_ If so, please describe: \_\_\_\_\_

Is your child shy or easily taken advantage of or bullied? \_\_\_\_ If so, please describe: \_\_\_\_\_

Does your child prefer to join right in with groups or observe for a while first? \_\_\_\_\_

How does your child handle transitions and changes? \_\_\_\_\_

How would you describe your child's problem-solving abilities? \_\_\_\_\_

**Counseling and Mental Health History:**

\_\_\_\_ No \_\_\_\_ Yes Have your child previously seen a counselor? If Yes, where/with whom: \_\_\_\_\_

Approximate Dates of Counseling: \_\_\_\_\_

For what reason did your child go to counseling? \_\_\_\_\_

What did you find most helpful in therapy? \_\_\_\_\_

What did you find least helpful in therapy? \_\_\_\_\_

Has your child taken medication for a mental health concern? Yes \_\_\_\_ No \_\_\_\_

Name of medication(s) \_\_\_\_\_

Was the medication helpful? \_\_\_\_ yes \_\_\_\_ no

Does your child have other psychological concerns or previous hospitalizations \_\_\_\_ yes \_\_\_\_ no

If so, please describe. \_\_\_\_\_

**Family History:**

Are you aware of any trauma or unusual difficulty your child experienced? \_\_\_\_\_

Did you (parent) experience any abuse as a child or adult (physical, verbal, emotional, or sexual) or outside your home? Please describe as much as you feel comfortable. \_\_\_\_\_

**Parents' Relationship Status:**

\_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Cohabiting \_\_\_\_ Single \_\_\_\_ Other \_\_\_\_\_

Length of marriage/relationship: \_\_\_\_\_

If divorced, how old was your child at time of divorce? \_\_\_\_ If divorced, How much time does your child spend with each parent? Mother \_\_\_\_%, Father \_\_\_\_%

**Family Concerns:**

Please check any concerns that your family is currently experiencing.

Financial problems  Lack of permanent housing  Poor access to medical care  
 Adult conflict in the home  Adult/teen conflict  Alcohol or substance abuse in the home  
 Communication problems  Recent changes or losses \_\_\_\_\_  
 Other family problems or concerns that may affect your child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your Adolescent's Strengths:**

In what activities do you feel your child is successful when they try \_\_\_\_\_

What qualities of character would you say your child has? \_\_\_\_\_  
\_\_\_\_\_

Who/What are some of the influential and supportive people, activities (e.g. walking) or beliefs (e.g. religion) in your child's life \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments:**

Any other thoughts you would like to share about your child or circumstances \_\_\_\_\_  
\_\_\_\_\_  
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### SECTION THREE: DISCLOSURE/AGREEMENT: COPY FOR YOU TO KEEP FOR YOUR RECORDS

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- If a patient files a complaint or lawsuit against me, I will disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker's compensation claim, I am required to submit a report to the Workers' Compensation Division.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient's treatment. These situations are unusual in my practice.

- If I have reasonable cause to know or suspect that a child has been subjected to abuse or neglect or if I have observed a child being subjected to circumstances or conditions which would reasonably result in abuse or neglect, the law requires that I file a report with the appropriate governmental agency. Once such a report is filed, I may be required to provide additional information.
- If I have reasonable cause to believe that an at-risk adult has been or is at imminent risk of being mistreated, self-neglected, or financially exploited, the law requires that I file a report with the appropriate governmental agency. Once such a report is filed, I may be required to provide additional information
- If a patient communicates a serious threat of imminent physical violence against a specific person or persons, I must make an effort to notify such person; and/or notify an appropriate law enforcement agency; and/or take other appropriate action including seeking hospitalization of the patient.

Please note that email and text communications cannot be guaranteed confidentiality. The safest way to contact me is via landline telephone, mail, or fax. If you choose to email and accept email, you do so with the understanding that it is beyond the capacity of this office to guarantee confidentiality. You may send encrypted messages if you choose to do so; please speak to me about information regarding how to do this.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

## **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. Colorado has a psychotherapist-patient privilege which means mental health professionals cannot be asked about any knowledge gained during the course of therapy without the consent of the person to whom the testimony relates (C.R.S. 13-90-107 (g)). This privilege extends to treatment records including psychotherapy notes.

Juvenile patients in particular require the privacy protection provided by the psychotherapist-patient privilege due to the sensitive nature of children's mental health care (Dill v. People, 927 P.2d 1315, 1321 Colo. 1996.)

While patients have the right to submit in writing a request to examine and/or receive a copy of the Clinical Record, these are professional records and can be misinterpreted and/or upsetting to untrained readers. If I believe disclosure of records may cause psychological harm to the patient, I may instead provide you with a written summary of the records (C.R. S. 25-1-802 (1) (a)). If I refuse your request for access to records, you have a right of review, which I will discuss with you upon request.

## **PATIENT RIGHTS**

HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

You also have a right to inquire about my professional training and credentials and you are always welcome to do so. In summary, I am a psychologist, licensed in the state of Colorado since 1997. I completed a master's degree in counseling and general psychology at the University of West Florida in 1991 and a doctorate in professional psychology at the University of Denver in 1995. I hold a bachelors degree in Social Work and English Literature. My training at the University of Denver was approved by the American Psychological Association as was my pre-doctoral internship site at Indiana University Counseling and Psychological Services. I specialize in family systems, child, couple, and family therapy, trauma recovery, and psychological testing. I have been trained in Eye Movement Desensitization Reprocessing (EMDR) since 2000 and continue to study and implement this therapy technique. I also pursue continuing education in variety of areas, particularly trauma recovery, divorce-related matters, and clinical applications of neurobiology.

You are entitled to request information about the methods of therapy, techniques used, probable duration of therapy if known, and the fee structure. You may seek a second opinion from another therapist or terminate therapy at any time.

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Psychologist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

Regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters 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 masters 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 (CAC I) must be a high school

graduate, and complete required training hours and 1,000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health, and complete additional required training hours 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, and no degree, training or experience is required.

### **MINORS & PARENTS**

Patients under 15 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records, unless I decide that such access is likely to injure the child. Because privacy in psychotherapy is often crucial to successful progress, it is my policy to request an agreement from parents that they consent to give up access to their child's records. During treatment, I will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions, except in the case of very young children. Upon written request, I will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's Authorization to release records, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents and/or appropriate authorities of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have. *By signing this Agreement herein, you agree to give up access to your child's full records.*

### **BILLING AND PAYMENTS**

**You will be expected to pay for each session at the beginning of each appointment, with a check, cash, or the credit card you put on file with Ivy Pay at the beginning of treatment.** (See below for more information about Ivy Pay security\*)

If your account has not been paid for more than 90 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court, which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim

#### **\*Ivy Pay Security Guide**

##### How Ivy Pay protects your health information

Ivy Pay is HIPAA-secure, using technical, administrative and physical safeguards to protect your patient health information.

We go a step further and protect the confidentiality of the therapeutic relationship so it is not revealed.

##### How Ivy Pay protects your financial information

Ivy Pay uses advanced security systems and data encryption to protect you and guard against unauthorized transactions and access to your personal or financial information. Encryption and SSL: Your financial information is encrypted, stored and protected on secure servers. On the web, SSL is active. We work hard to ensure that our system meets and exceeds security industry standards and best practices.

PCI data security: Anyone involved with processing, transmission, or storage of credit card data must comply with the Payment Card Industry Data Security (PCI DSS). Card processing adheres to PCI Data Security Standard (PCI DSS).