



(303) 884-9682

Private Practice Policies

Welcome. This letter outlines my private practice policies. Most patients are seen on a regular basis, such as weekly, and often work for six months to a year at a time. In therapy, major life decisions are sometimes made. These decisions are a legitimate outcome of the therapy experience and sometimes involve your calling into question some of your beliefs and values. As your therapist, I will be available to discuss any of your assumptions, problems or possible side effects in our work together. Psychological services are best provided in an atmosphere of trust. You expect me to be honest with you about your problems and progress. I expect you to be honest with me about your expectations for service, your compliance with our fee agreement, and any other barriers to treatment.

Confidentiality. The information you discuss during a psychotherapy session is protected as confidential under law (CRS 12,43,214 (1)(d)) with certain limitations:

- ✓ It is my policy to report suspected child, dependent, or elder abuse (physical, emotional, and/or sexual) or neglect, without an investigation, to the proper authorities who may then investigate.
- ✓ seek an order for your emergency or involuntary commitment, without your consent if I deem you to be a serious harm to yourself or another
- ✓ warn any individual in imminent danger of harm by you as well as to report the danger to authorities
- ✓ If you file an official complaint or a lawsuit against me, according to Colorado law, your right to confidentiality will be waived.
- ✓ Clerical persons hired by me may have access to limited confidential information. This information is protected from further disclosure and is used solely for administrative purposes.
- ✓ If you use your insurance, and your managed care company requests your files and/or a summary report, either in writing or by phone, I am required to provide it. Failure to do so may mean a denial of benefits and/or payment of claims. I cannot protect how that information is used and who has access to it.

Records. Records include identifying information, dates and types of sessions, an assessment and diagnosis, a treatment plan, progress notes, and any consultations or collateral contacts made. Your records will be stored safely with attention to your privacy for at least 7 years as required by Colorado Statute. At times, your records may be requested by your insurance company or for disability status or for other reasons. It is my policy to not release an entire record, even with your consent. Instead, I may provide a written summary of the content related to the request. The summary will only be released with your written permission and direction, and if you were seen in couple or family sessions, all adults present over the age of 15 would have to sign the release. You will be granted reasonable access to your record. You may request, in writing, an amendment to your record. If you choose to read your record, it is my policy to be present in order to respond to any questions or confusion you may have about the recordings. This is also considered billable time. Private psychotherapy notes are kept separate, and are further protected from unauthorized access. Psychotherapy notes are not made available for review. These notes will be used only by your therapist and disclosure will occur only under these circumstances: (a) the therapist who wrote the notes uses them for your treatment; (b) they may be used for training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills; (c) if you bring a legal action and we have to defend ourselves; and (d) certain limited circumstances defined by the law.

Availability. Hours for regular phone calls are 8 am. to 4 p.m. on business days. I will attempt to return your call within one business day. For immediate assistance or life-threatening situations, please call 911 or go to your nearest emergency room. You can also call Colorado Crisis Services 24/7 at 844-493-8255. During my vacations or other absence from my practice, we will discuss your coverage needs and make appropriate arrangements. Texting is to be used for scheduling purposes only.

Termination. Termination will usually be agreed upon mutually, but you are free to terminate at any time. However, in a few special instances I may decide to stop working with you even though you wish to continue. These include a failure to meet the terms of our fee agreement, continued failure to comply with our cancellation policy, a need for special services outside of the area of my competency, and prolonged failure to make progress in our work together. Should this occur, the reason for termination will be discussed with you, and you will be assisted in making alternative plans for yourself including a referral to an appropriate therapeutic resource.

Reimbursement

My fee is \$150 for a 50-minute in-home session for individuals. Unless other arrangements have been made you are responsible either for full payment or insurance-copayments at the conclusion of each session; I accept cash, personal check, or credit card. There is a \$35 fee for all returned checks. All co-pays are due at the time of service. You are responsible for any fees not covered by your insurance.

Insurance Plans Accepted

I accept Medicaid, Medicare and TriCare and all insurance claims are submitted directly to Medicare, Medicaid, and TriCare. If you have secondary insurance supplements, those are automatically sent to the secondary payors by Medicare. **It is your responsibility to notify this therapist of coverage by, or any changes to, the fund-sources listed above.** For commercial insurance, I can provide documentation for you to present for out-of-network reimbursement. If you choose to use your health benefit plan, you will have given your insurance or managed care company consent to obtain required confidential information for the purpose of determining eligibility for reimbursement. This usually includes a diagnosis.

Telephone conversations of a clinical nature exceeding 10 minutes in length will be charged at the prorated fee of a face-to-face session.

No Show or Late Cancellation Fees

When we schedule a session, I reserve that time specifically for you. If you must cancel, please cancel a minimum of 24 hours in advance. **If you cancel with less than 24-hours notice or if you are more than 15 minutes late, you are responsible for full payment of that session** (not applicable to Medicaid). If you do not show up for your appointment, you will need to call me before another session is scheduled.

I have read the preceding information and understand my rights and responsibilities as a patient. I accept, understand and agree to abide by the contents and terms of this agreement and further consent to participate in evaluation and/or treatment.

Patient Name _____

Responsible Party Name _____

Date _____

Signature _____