

Flatirons Counseling, L.L.C.
380 Empire Rd., Suite 220
Lafayette, Co. 80026

Informed Consent and Disclosure Statement

Name: Rhonda Robinson, M.Ed., LPC

Degrees: M.Ed. University of North Texas, 1995
B.A. Psychology, University of North Texas, 1991

Address: 380 Empire Rd., Suite 220, Lafayette, Co. 80026

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed clinical social workers, licensed professional counselors, and unlicensed individuals that practice psychotherapy. The agency within the department that has specific responsibility for licensed and unlicensed Psychotherapists is the State Grievance Board., 1560 Broadway, Suite 1370, Denver, Co. 80202, (303) 894-7766.

Clients Rights and Information

- 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. Please ask if you would like to receive this information.
- 2) You can seek a second opinion from another therapist or terminate therapy at any time.
- 3) In a professional relationship (such as ours), sexual intimacy between a therapist is never appropriate. If sexual intimacy occurs, it should be reported to the State Grievance Board.
- 4) 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 clinical social worker, a licensed psychologist, a licensed marriage and family therapist, a licensed professional counselor, or an unlicensed psychotherapist practicing under the supervision of a licensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose information without the client's consent. 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., in particular). They include situations in which you are at serious risk to harm yourself or others, such as in the case of potential suicide, child abuse and neglect, or grave disability. You should be aware that, except in the case of information given to a licensed psychologist, legal confidentiality does not apply in a criminal or delinquency proceeding. There are other exceptions that I will identify to you as the situations arise during therapy.

FINANCIAL AGREEMENT:

The fee for counseling will be \$90 per 50 minute session. The fee for family counseling is \$100 per 50 minute session. If you report and can verify financial hardship, we may agree to a fee of \$_____ per 50 minute session. All fees payable at the time of treatment rendered. We accept cash and checks. Appointments are generally made on a weekly basis. Appointment times are not automatically held open for you from week to week. It is your responsibility to reschedule at the end of a session.

FINANCIAL POLICY:

If you have insurance which provides coverage for this provider/treatment, and we are not covered on your insurance plan, we would be happy to assist you in completing your claim forms if you provide us with a completed claim form. You are responsible for mailing the claim to the insurance company and tracking your reimbursement. You are

responsible for the full fee regardless of your insurance company's reimbursement policies. Your regular fee will be charged for any additional professional services rendered by your provider at your request, such as phone contacts over 5 minutes, preparation of special forms, insurance reports, court time, consults with other professionals, etc.

NO SHOW AND CANCELLATION POLICY:

Your visit has been reserved for you. 24 hours notice is required for cancellation or you will be charged your full session fee.

STATEMENT OF UNDERSTANDING AND FINANCIAL COMMITMENT:

I have read and understand this information sheet and informed consent. I authorize counseling of the person(s) named below and agree to pay the fees and charges for such treatment. I agree to pay all charges for myself and members of my family promptly upon the rendering of services, unless other arrangements are agreed upon in writing. Charges shown by statements, if statements are rendered, are agreed to be correct and reasonable unless protested in writing within 30 days of statement date. I attest that I have read this information form, that I understand the conditions as stated above, and that I consent to therapy, including evaluation, treatment and/or referral.

Client or Parent/Guardian

Date

Provider

Date

NOTICE OF PRIVACY RIGHTS AND PRACTICES:

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND/OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Flatirons Counseling is committed to protecting your personal health information. Personal health information includes any information created or received by Flatirons Counseling during the course of/and after treatment. This notice about protecting your health information is required by law. It tells you about your rights and how Flatirons Counseling uses and discloses your health information.

Your Health Information Rights

You have certain rights regarding the health information Flatirons Counseling has about you

You have the right to:

- Request a restriction on certain uses and disclosures of your health information; however, Flatirons Counseling is not required to approve your request.
- Request that Flatirons Counseling notifies you about your health information in a way or at a location that will help you keep your health information confidential.
- Receive a list of disclosures Flatirons Counseling has made of your health information.
- In writing at any time, withdraw your permission (revoke your consent) for Flatirons Counseling to disclose your health information, except for the information that Flatirons Counseling disclosed prior to revoking your consent.
- Review and obtain a copy of your own health information.
- Ask Flatirons Counseling to change your health information if you believe it is incorrect or incomplete. Flatirons Counseling may deny your request and, if so, will give you the reason(s) why the request was denied.
- Receive a paper or electronic copy of this Notice of Privacy Rights upon request. If you would like to have a more detailed explanation of these rights or if you would like to exercise one of these rights contact:

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How Flatirons Counseling may use or disclose your health information:

The law permits Flatirons Counseling to use or disclose your health information for the following purposes:

- For Treatment: Flatirons Counseling may use and disclose your health information to help you receive mental/medical health services. For example: Flatirons Counseling may use your mental/medical health information to review and approve hospital care or conduct treatment coordination with funding sources.
- For Payment: Flatirons Counseling may use and disclose your health information to sequester payment for services rendered. For example: A third party may be contacted regarding the receipt of delinquent payments.
- For Requirements by Law: Flatirons Counseling may use and disclose your health information when the law requires it. For example: Flatirons Counseling may disclose information for the following purposes:
 - *To reply to proper requests for your health information from a court or other legal agency.
 - *To report information for public health such as reporting victims of abuse, neglect, domestic violence, or reporting to the Food and Drug Administration problems with products or reactions to medications.
 - *To report information for public safety such as to prevent the spread of a serious threat to the health or safety of a particular person or the general public.
 - *To assist law enforcement officials, such as the police, in their law enforcement duties.
 - *To allow funeral directors, medical examiners, or coroners to carry out their lawful duties, such as to complete a death certificate for the state.
 - *To comply with laws and regulations related to Workers' Compensation.
 - *To allow other government agencies to provide you with benefits and services.
 - *For Health Oversight Activities, Flatirons Counseling may disclose your health information to agencies for health oversight reasons, such as program audits or licensure reviews.

Obligations of Flatirons Counseling

Flatirons Counseling is required to:

- Maintain the privacy of your protected health information.
- Provide you with this Notice of its legal duties and privacy practices with respect to your health information.
- Obtain your written authorization to use or disclose your health information for reasons other than those listed in this Notice and permitted under law.
- Abide by the terms of this Notice that are currently in effect.
- Notify you if Flatirons Counseling is unable to agree to a requested restriction on how your information is used or disclosed.
- Allow you to make reasonable requests to notify you about your health information in a way or at a location that will help you keep your health information confidential.

Flatirons Counseling reserves the right to change its information practices. The new provisions will be effective for all protected health information that Flatirons Counseling maintains. Revised notices will be made available to you by written notices and on the Flatirons Counseling website at: www.flatironscounseling.com.

Complaints

If you have a complaint about this Notice of Privacy Practices, how Flatirons Counseling handles your health information, or if you otherwise believe that your privacy rights have been violated by Flatirons Counseling, your complaint should be directed to the therapist providing services.

If you are not satisfied with the manner in which Flatirons Counseling handles a complaint, you may submit a formal complaint to the U.S. Secretary of Health and Human Services in Washington, DC.

There will be no retaliation by Flatirons Counseling if you file a grievance.

Thank you.