

THREE PEAKS

C O U N S E L I N G

Information for New Clients

Welcome to our practice!

This form explains office procedures and relays important information. Your provider will discuss important aspects of the following information with you when you first meet and will give you the opportunity to ask questions about her professional work and about anything in this form.

Session information

Initial meeting(s) will involve gathering background information and clarifying your needs, concerns, and goals. Sessions are usually 45-60 minutes long, though session length can be adjusted as needed. Frequency is determined based on the work you are doing in counseling at any given time. Many different methods may be used to address the challenges that you bring to therapy. Counseling calls for an active effort on your part. The effort you dedicate between sessions is one of the most important factors to success. You and your provider will discuss how you will know when counseling is complete. However, you are always free to discontinue counseling whenever you feel it is right for you. We ask you to inform your provider and schedule a closing session in order to review your work together and discuss steps going forward. In cases where your provider has not heard from you for 2 months she will assume that counseling is complete and your file will be closed. Please note that you are always welcome to start the counseling process again just by calling to make another appointment.

Mandatory Disclosure

The Colorado Department of Regulatory Agencies requires you to be informed of the following information in both written and verbal forms:

- 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. As to the 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 1000 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 Masters 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. All of our providers are licensed in Colorado. Michelle Templeton, Ph.D. is a Psychologist (Colorado license #2934), Amanda Clausen, MA is a Licensed Professional Counselor (Colorado license #LPC.0014888), Lisa Fitzpatrick is licensed as a Licensed Professional Counselor (Colorado License #LPC.0012278) and Licensed Addictions Counselor (Colorado License # CD.0000892ACB.0007712), Leah Goetz, MA is a Licensed Professional Counselor (Colorado #LPC.0006195), and Cyndia Pace is a Licensed Professional Counselor (Colorado #LPC.0012277). Feel free to inquire about your provider's professional experience at any time.

- You are entitled, to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy, if known, and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time. Types of approaches may include Interpersonal Psychotherapy, Cognitive-Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT) skills, and Eye Movement Desensitization and Reprocessing (EMDR). Feel free to talk with your therapist about the types of therapy she uses at any time. Please note that some therapeutic practices are inexact, and memories that surface as a result do not constitute proof of the occurrence of an event without independent validation. By participating in some of these treatments, any testimony you give may be rendered inadmissible in a court of law.
- The boundaries of a professional therapeutic relationship are clear. Sexual intimacy is never appropriate at any time during or after treatment and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.
- Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 and the Notice of Privacy Rights you were provided as well as other exceptions in Colorado and Federal law. Examples include reporting child or vulnerable adult abuse or neglect, harm to self or to another, or a court order from a judge.

Cancellations

You will be expected to pay in full for scheduled appointments unless you provide 24 hours notice of cancellation. It is important to note that insurance companies do not provide reimbursement for cancelled sessions.

For Immediate emergencies, call 911, go to the emergency room, or call Colorado Crisis at 1-844-493-8255.

Due to the nature of this counseling practice your provider is often not immediately available by phone. Hours vary from day to day and week to week. If you need to talk with your provider between appointments, call your provider's number listed below. Leave your message on their

confidential voicemail with day and evening phone numbers, the best times to reach you, and note whether it is okay to leave a message. Messages are usually returned within 24 hours. If your call has not been returned within 24 hours please leave another message because technology sometimes fails. In case of an emergency in which you are unable to reach your provider, contact your primary care physician or psychiatrist, go to the nearest emergency room, call 911, or call Colorado Crisis at 1-844-493-8255.

Provider	Phone Number
Amanda Clausen, MA, LPC	970-302-4970
Lisa Fitzpatrick, MA, LPC, LAC	970-324-3095
Leah Goetz, MA, LPC	970-980-8371
Cindy Pace, MA, LPC	303-870-7578
Michelle Templeton, Ph.D. Psychologist	720-425-1111

The business addresses are:

Thornton Office	Firestone Office	Loveland Office
12021 Pennsylvania St. Suite 202 Thornton, CO 80241	8310 Colorado Blvd. Suite 700 Firestone, CO 80504	1635 Foxtrail Drive Loveland, CO 80538

Note: Office space is shared with other mental health professionals, alternative healing practitioners, and mediators. Each provider practices independently and is solely responsible for his or her practice, including those who have an affiliate relationship with Three Peaks Counseling, LLC as independently contracted providers.

Social Networking Policies

We do not accept friend requests from current or former clients on our psychotherapy related profiles or on social networking sites due to the fact that these sites can compromise clients' confidentiality and privacy. For the same reason, we request that clients do not communicate with us via any interactive or social networking websites.

Legal Proceedings

Counseling is a place to discuss your most personal thoughts and feelings. In order to best protect your privacy we will not participate in any legal issues unless subpoenaed by a court of law. We do not provide opinions in custody matters or testify on behalf of clients in custody situations. If you

become involved in legal proceedings that mandate your provider's participation, you will be expected to pay for all of your provider's professional time, including preparation and transportation costs, even if your provider is called to testify by another party. Because of the difficulty of legal involvement, your provider will charge \$300 per hour for preparation and attendance at any legal proceeding.

Fees and Payment

The fee for counseling varies by provider. Please consult with your provider regarding her fees. Payment may be made in the form of cash, check, or credit card due at the beginning of the session. There will be a \$25 charge for any returned checks. Requests for special fee accommodations should be discussed ahead of time. In addition to weekly appointments, you will be charged \$150/hour for other professional services you may need, though the hourly cost will be prorated for services of less than 60 minutes. Other services include report writing, telephone conversations lasting longer than 10 minutes, preparation of records or treatment summaries, and the time spent performing any other service you may request. If you are using health insurance and your provider is a preferred provider on your plan then your provider's fees, your copayment, deductible, and coinsurance will be determined by your policy.

Insurance Coverage

In order to set realistic treatment goals and priorities it is important for you to evaluate the resources you have available to pay for your treatment. If you have a health insurance policy, it may provide coverage for mental health treatment. However, you (not your insurance company) are ultimately responsible for payment of fees. It is important that you research what mental health services your insurance policy covers. If you have questions about the coverage after reviewing your policy call your plan administrator.

It is important to remember that you always have the right to pay for services yourself.

You should also be aware that your contract with your health insurance company requires that your provider submit information relevant to the services provided to you. Your provider is required to provide a clinical diagnosis. Sometimes your provider may be required to provide additional clinical information such as treatment plans or summaries, or copies of your entire clinical record. Though all insurance companies are mandated to keep such information confidential, your provider and Three Peaks Counseling, LLC have no control over how information submitted to the insurance company is used. In some cases, they may share the information with a national medical information databank. By signing this form you agree that your provider and Three Peaks Counseling, LLC can provide requested information to your insurance carrier.

Billing and payments

Three Peaks Counseling, LLC may use an outside billing service to submit insurance claims. Payment schedules for other professional services will be agreed to when they are requested. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, your provider or Three Peaks Counseling, LLC has 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 your provider or Three Peaks Counseling, LLC to disclose otherwise confidential information. In most collection situations, the only information released 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.

I have read the preceding information and I understand my rights as a client or as the client's responsible party.

Print Client's name

Client's or Responsible Party's Signature

Date

Parent's signature (when applicable)

If signed by Responsible Party:

Relationship to client: _____

Contact Information: _____

Email/Text Messaging Release (Optional):

I elect to have the option of using text messaging or email in order to communicate with my provider. Email and text messaging will only be used for scheduling purposes unless another use is agreed upon in advance. **These forms of communication will not be used for emergencies.** I understand that if these forms of communication are used that my provider may not respond the same day and if a timely response is needed that I will make contact by phone call. I understand that email and text messaging are not secure forms of communication so confidentiality cannot be guaranteed.

Client's or Responsible Party's Signature

Date

Parent's signature (when applicable)

Email address (print clearly)