

LifePaths Counseling - Practice Disclosure, HIPAA Rights

This document provides you with important information about the practice of psychotherapy in the State of Colorado, confidentiality, your rights as a consumer of psychotherapy, HIPAA information and privacy rights, and general information about our practice. Please read it carefully.

Licensure and the Practice of Psychotherapy in the State of Colorado: 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 Licensed Professional Counselors 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 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 masters degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed/certified, and no degree/training/experience is required.

- Catherine Wilson, MA, LPC: Master of Arts from Regis University.. Colorado Licensed Professional Counselor, LPC #6143.
- Jodi Hardesty, MA LPC NCC: Master of Arts from University of Colorado-Denver. Colorado Licensed Professional Counselor, LPC #6234. NCC, National Certified Counselor designation, #221179.
- Kelly Coté, LAC LPC: Master's degree from Argosy University in Denver. Colorado Licensed Professional Counselor, LPC #12532 and Colorado Licensed Addiction Counselor, LAC #736.
- Jamie Burke, LCSW: Master's degree from University of Denver. Colorado Licensed Clinical Social Worker #9923537.
- Lindsay Windels, LAC LPC: Master of Arts degree from CU-Denver. Colorado Licensed Professional Counselor LPC #13158, and Colorado Licensed Addiction Counselor LAC #755.
- Gina Hebb, Intern: Student at Adams State University in their Clinical Mental Health program, working toward Colorado LPC licensure. Supervised by Catherine Wilson, LPC.
- Avary Lin-Ye, LPC: Master of Science from University of Pennsylvania. Colorado Licensed Professional Counselor, LPC #14753. NCC, National Certified Counselor designation, #303308.
- John Sander, MA: Master's degree from Naropa University. Colorado Registered Psychotherapist, #105495.

Privacy/Confidentiality Practices: 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 below as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly.

State and Federal laws require that your records are kept private. Such laws require that we provide you with this notice informing you of our privacy of information policies, your rights, and our duties. We are required to abide by these policies until replaced or revised. We have the right to revise our privacy policies for all medical records, including records kept before policy changes were made. Any changes in this notice will be made available upon request before changes take place.

The contents of material disclosed to us in an evaluation, intake, or counseling session are covered by the law as private information. We respect the privacy of the information you provide us and we abide by ethical and legal requirements of confidentiality and privacy of records.

Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian or personal representative. It is the policy of this practice not to release any information about a client without a signed release of information except in certain emergency situations or exceptions in which client information can be disclosed to others without written consent. Some of these situations are noted below, and there may be other provisions provided by legal requirements.

Duty to Warn and Protect: If a client discloses intentions or a plan to harm another person or persons, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Public Safety: Health records may be released for the public interest and safety for public health activities, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military, or when complying with worker's compensation laws.

Abuse: If a client states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or a child (or vulnerable adult) is in danger of abuse, the health care professional is required to report this information to the appropriate social service and/or legal authorities. If a client is the victim of abuse, neglect, violence, or a crime victim, and their safety appears to be at risk, we may share this information with law enforcement officials to help prevent future occurrences and capture the perpetrator.

Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

In the Event of a Client's or Counselor's Death: In the event of a client's death, the spouse or parents of a deceased client have a right to request their child's or spouse's records. In the event of a counselor's death, another counselor is appointed to conduct business affairs and maintain records. Your counselor's Professional Executor is: _____

Client initials _____

Professional Misconduct: Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on your LifePaths counselor to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Minors/Guardianship: Parents or legal guardians of non-emancipated minor clients have the right to access the client's records. Consent of both parents is required if there are child custody orders in place as a result of a divorce/separation AND if decision-making for the child is shared. If you have sole decision-making authority for your child, your counselor will require a copy of court orders stating this.

Other Provisions: When payment for services are the responsibility of the client, or a person who has agreed to providing payment, and payment has not been made in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, progress notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the client's credit report may state the amount owed, the timeframe, and the name of the clinic or collection source.

Insurance companies, managed care, and other third-party payers are given information that they request regarding services to the client. Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, and summaries.

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed. Some progress notes and reports may be dictated/typed within the practice or by outside sources specializing in (and held accountable for) such procedures. All associates of LifePaths Counseling have an agreement of confidentiality to protect healthcare information; some information is shared between associates for the purposes of conducting business (billing, scheduling, etc.).

In the event in which the practice or mental health professional must telephone the client for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Please provide instructions on the client information sheet provided to you with this document on how we can best protect your privacy when contacting you.

Your Rights: You have the right to request to review or receive your medical files. The procedures for obtaining a copy of your medical information is to request a copy of your records in writing with an original (not photocopied) signature. If your request is denied, you will receive a written explanation of the denial. Records for non-emancipated minors must be requested by a custodial parent or legal guardian.

You have the right to cancel a release of information by providing us a written notice. If you desire to have your information sent to a location different than our address on file, you must provide this information in writing.

You have the right to restrict which information might be disclosed to others. However, if we do not agree with these restrictions, we are not bound to abide by them.

You have the right to request that information about you be communicated by other means or to another location. This request must be made to us in writing. You have the right to disagree with the medical records in our files. You may request that this information be changed. Although we might deny changing the record, you have the right to make a statement of disagreement, which will be placed in your file.

You have the right to know what information in your record has been provided to whom. Request this in writing. If you desire a written copy of this notice you may obtain it by requesting it from the director of this practice at this location.

Confidentiality of Email, Cell Phone, Texts, and Fax: Please be aware that email and cell phone communications can be accessed by unauthorized people and as a result, the privacy and confidentiality of such communication can be compromised. Email and texts in particular are vulnerable to unauthorized access due to the fact that servers have unlimited and direct access to all emails that go through them. Faxes can easily be sent to the wrong address. Please notify your counselor if you decide to avoid or limit in any way the use of these technologies. Please do not use email or fax for emergencies. Please note that the main business number for LifePaths Counseling is a cell phone.

Fees and Appointments: Hourly sessions are approximately 45-50 minutes in length. Our fee for individual, family, or couples counseling sessions is \$125 per session. If sessions proceed longer than 50 minutes, additional time is charged at the rate of \$2.50/minute. EMDR sessions are conducted at \$180 per session and are typically 75-90 minutes. Performance Enhancement EMDR sessions are conducted at \$140 per session and are typically 60 minutes. Payment is to be provided at the time of your appointment, by cash, check or credit card.

Please provide 24 hours notice if you are unable to be present at your appointment time. If 24 hours notice is not provided, you will still incur a charge for that session. However, if we are able to reschedule another appointment time for you during the same week, the 24-hour requirement will be waived.

Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, travel time, cooperating with legal activities on a client's behalf, or other work outside of therapeutic sessions, etc. will be charged at \$300 per hour, unless indicated or otherwise agreed to.

Please notify us if any problem arises during the course of therapy regarding your ability to make timely payments.

Client agrees to reimburse LifePaths for any costs associated with insufficient funds or returned payments.

Client Initials _____

We do not bill insurance companies directly. If you carry health insurance, please note that counseling services are provided and charged directly to you. If you choose to submit a claim to your insurance company, we can provide you with a receipt that contains the appropriate information. Please be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems which are the focus of psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

Process of Therapy: You are entitled to receive information from your counselor about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure. You can seek a second opinion from another counselor or terminate therapy at any time.

Your professional relationship with LifePaths and with your counselor terminates after 90 days if no contact occurs in that timeframe. If you and your counselor agree, you may initiate therapy at a later time.

Professional Relationship: In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies a licensee, registrant or certificate holder.

In general, your counselor will avoid creating any type of dual relationship with a client. Your counselor will never acknowledge working therapeutically with anyone without your written permission and this may include not acknowledging you in a public place unless you have expressly given your counselor permission to do so or you approach your counselor yourself. LifePaths Counseling and the counselors can be found on some social media pages but will only link with you if you initiate this, and will only do so on business related (not personal) profiles.

Your Counselor and LifePaths Counseling: Your counselor is seeing you at LifePaths Counseling offices, and you learned of your therapist through LifePaths. You should be aware that LifePaths provides advertising services, office space, and administrative services to your counselor, but other than these services, there is no relationship between your counselor and LifePaths. Your counselor is in his/her own individual practice and does not supervise or receive supervision from LifePaths or the other professionals providing services at LifePaths (unless otherwise specified). They are not in a partnership, and they have no responsibility for each others' practices.

Mediation and Arbitration: All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of your counselor and client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in Denver County, in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, your counselor and LifePaths can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

HIPAA: Our practice follows current HIPAA requirements to protect information we maintain about you, and how it may/may not be disclosed to others. A written policy is available in our office and on our main website, and a copy can be provided to you upon request at any time. Our website is <https://www.lifepathscounseling.com>. Your signature on this form indicates you received a copy, declined receiving a copy, or are satisfied with seeking out the electronic version of our Privacy Practices on our website.

Record Retention: Any person who alleges that a mental health professional has violated the licensing laws related to the maintenance of records of a client eighteen years of age or older, must file a complaint or other notice with the licensing board within seven years after the person discovered or reasonably should have discovered this. Pursuant to law, this practice will maintain records for a period of seven years commencing on the date of termination of services or on the date of last contact with the client, whichever is later. When the client is a child, the records must be retained for a period of seven years commencing either upon the last day of treatment or when the child reaches eighteen years of age, whichever comes later, but in no event shall records be kept for more than twelve years.

Questions/Concerns: If you have any concerns or questions regarding these procedures, please contact the practice. We will get back to you in a timely manner.

Direct all correspondence to:
LifePaths Counseling Center
Attn: (your counselor's name)
6901 S. Pierce St., Suite 350
Littleton, CO 80128

I have read the preceding information and have reviewed this information verbally with my counselor. I understand my rights as a client or as the client's responsible party.

Client's name (please print): _____ **Signature:** _____

Client's name (please print): _____ **Signature:** _____

Date: ____/____/____ **Signed by:** client guardian personal representative

Client Information

Today's Date _____ Your date of birth _____

Client Information

Name _____

Home Phone _____ Work Phone _____ Cell _____

When contacting you, may I leave a message? How should I identify myself? Please provide enough detail so I can protect your privacy to the best of my ability: _____

Email _____

Do you wish to communicate by: Email? Y / N Texting? Y/N

*****Note that all electronic communications may not be secure*****

Please let me know if there is information I should avoid sending in email or text messages: _____

Address _____
Street City State Zip

Emergency Contact Person

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell _____

Personal Information

Name _____ Home Phone _____

Place of Work _____ Work Phone _____ Cell _____

Are you in an intimate relationship? _____ For how long? _____

Have you had a difficult ending to a long term or significant intimate relationship? _____

List names of children in the family, their ages and who they live with if other than parents. Also list others who live in the home.

Primary Care Physician _____ Last time seen _____

List any medications you are presently taking _____

Are you a Medicaid member? _____

Have you been hospitalized in the last four years? _____ If yes please describe reason and date of hospitalization.

Have you recently experienced any major changes in your life such as the death of someone close to you, lost a job, been injured, etc.? Please describe.

Have you gained or lost more than 5 pounds in last six months? _____

Do you smoke? _____ How many packs per day? _____

How much alcohol do you consume on a daily basis? _____ On a weekly basis? _____ (please define these in number of ounces and the type of alcohol) Do you consider yourself an alcoholic? _____

How much marijuana do you consume on a daily basis? _____ On a weekly basis? _____ Do you consider yourself addicted? _____

Have you used illegal drugs? _____ Do you now? _____ Do you consider yourself addicted? _____
What kind of drugs? _____

Have you ever been hospitalized for substance abuse? _____ When? _____

For any mental health issue? _____ When? _____

For another medical issue? _____ When? _____

How many jobs have you held in the past 5 years? _____

Have you ever been suicidal? _____ Have you ever been hospitalized for this? _____ When? _____

Have you ever been diagnosed with a brain injury? _____

Is there a history of mental health issues, or mental illness, in your family?

Are you now, or have you ever been in a domestic violence relationship?

Is there a history of domestic violence in your family?

Have you ever had a traumatic experience?

What or who are your best support systems? (friends, family, faith, etc.)

What are your strengths?

If you have been to counseling before briefly describe when, who the counselor was, and the reason for counseling.

What has brought you to seek counseling?

What goals or outcomes would you like to see as a result of counseling?

How did you learn of our services? _____

May I send a verbal or written thank you to this individual or organization?

Is there anything else you think it is important for me to know?