

Welcome to Lotus Counseling. We hope to provide you the best care in the Grand Valley. Please take some time to read the following information carefully.

Therapy time is valuable to all involved. Cancellations or changes of an appointment must be made 24 hours in advance or you will be charged $50 for your session. Please note that insurance companies do not pay for missed or cancelled appointments. This is standard practice and is intended, in part, to preserve the time for those who may need it.

**Crisis situations:** Steps to take during a crisis will depend on the nature of the crisis. You may call us during regular business hours at our main line (970)-773-4691, or on your therapists cell phone. You may also call Mind Springs Health crisis line at (888) 207-4004.

**Fees, Phone calls and Reports:** Fees for the initial diagnostic session are $125. All follow up sessions are $100, unless otherwise specified by your therapist. Payment in full (or co-payment, if services are covered by insurance and any deductible has been satisfied) is due at the beginning of the therapy hour. Sessions are between 45-60 minutes, depending on your insurance coverage. No fees are charged for phone calls, letters or reports to facilitate scheduling or information sharing requiring up to 10 minutes of time. After ten minutes, you are billed at a prorated $85 dollar an hour rate.

**Collections:** In case you do not pay your bill, Lotus Counseling reserves the right to seek payment through the use of a collection agency or through other legal means and the cost of collection may be added to your bill.

**Consent for treatment:** By signing below, you are stating that you have read, understand, and agree to abide by this policy statement and your questions have been answered to your satisfaction.

I accept, understand and agree to abide by the contents and terms of this agreement and further consent to participate in evaluation and treatment. I understand that I may withdraw from treatment at any time.

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Name of Client (please print)

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Client Signature Date



**Client Information**

Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian (for minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact: (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (phone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: Male Female Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSURANCE**

Who is responsible for this account? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Group/Acct#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribers DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assignment of Benefits:

I give Lotus Counseling permission to discuss with the responsible party issues and information concerning billing and collections. I assign all benefits from insurance or other third party coverage to Lotus Counseling. Further, I understand that by signing this form, I acknowledge that if my insurance carrier or HMO/PPO does not cover certain services, I will pay for them in full. I authorize the release of any medical information necessary to process any claim for services provided by Lotus Counseling. A photocopy of this authorization may be honored.

For your convenience, Lotus Counseling accepts cash, check, Visa, MasterCard and Discover.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DISCLOSURE STATEMENT**

**Krista Carpenter** is a Licensed Professional Counselor who received her Master of Science degree in Counseling in 2003 from Texas A&M University. She received a Bachelor of Science degree in Psychology from the University of Wisconsin in 2000. Since 2003, Krista has provided counseling to individuals with a wide variety of concerns. Currently, she specializes in treating adults and adolescents with eating disorders, depression, anxiety, grief and loss, LGBTQ, and a variety of other concerns. She uses a variety of modalities in her treatment including CBT, DBT, Relational, Solution Focused, and Strengths Based.

**Bret Phillips** is a Registered Psychotherapist, and a Certified Missional Coach. He has extensive coaching and counseling experience with couples and individuals of all ages. Bret was board ordained as a Pastor in 2012, and in 2014 gained certification as a Missional Coach from Multiply Vineyard and Logan Leadership. Bret has provided coaching to persons with a variety of concerns, including life crisis, relationship issues, depression, anxiety, addiction, grief and loss, goal setting, and vocational changes, and the LGBTQ population. He has been trained to facilitate marital counsel and relationship inventory.  He believes in a client-centered approach, understanding that one modality does not work for everyone.

**Robin Levitt** has over a decade of experience as a therapist and has worked with a wide variety of clients in diverse settings.  She has a Bachelors of Science in Psychology from Colorado State University, and a Masters in Counseling for University of Northern Colorado.  She is currently completing her internship for her second Masters Degree at Lotus Counseling.  Robin has experience treating anxiety, depression, chronic pain and Post Traumatic Stress Disorder.  She also has extensive experience and specialized training in working with people struggling with substance use and their families.  Robin believes in treating people in a holistic "whole person" model.  Robin uses Cognitive Behavioral Therapy and comes from a Person Centered Approach.

**Laura Blair** is a Registered Psychotherapist and National Certified Counselor who received her Master of Arts in Clinical Mental Health Counseling in 2012 from Regent University. She received her Bachelor of Science in Interdisciplinary Studies with a concentration in Special Education and Early Childhood Development in 2006 from Old Dominion University.  She is currently pursuing a Doctor of Philosophy in Marriage and Family Therapy from Northcentral University. Since 2013, Laura has provided services to individuals and families struggling with a variety of issues, including addictions, depression, anxiety, ADHD and Autism.  She also provides premarital counseling and relationship counseling.  Laura has volunteered for organizations working with transitional youth, teen parents, and mothers of preschoolers. She uses a variety of modalities, as no two clients' needs are the same, but is predominately client-centered and solution focused.

**Regulation of Psychotherapists**:

The Mental Health Licensing Section of the Division of Regulations regulates Lotus Counseling, of licensed or registered persons in the field of psychotherapy. The regulatory boards can be reached at:

Department of Regulatory Agencies

1560 Broadway, Suite 1350

Denver, Colorado 81202

(303) 894-7800

The regulatory requirements for mental health professionals’ require that:

* A Licensed Professional Counselor must hold a Masters degree in their profession and have two years of post Masters supervision.
* A registered Psychotherapist is listed in the State’s database and is authorized by law to practice psychotherapy in the state of Colorado but is not required to satisfy any standardized educational or testing requirements to obtain registration from the state.
* A Certified Addictions Counselor must be a high school graduate, complete training hours and 1,000 hours of supervised experience.
* A Certified Addictions Counselor II must complete additional required training hours and 2,000 hours of supervised experience.
* A Certified Addictions Counselor III must have a bachelor’s degree in behavioral health, complete additional training hours and 2,000 hours of supervised experience.
* 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 Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master’s degree in their profession and have two years post master supervision.
* A Licensed Psychologist must hold a doctorate degree in psychology and have one year of postdoctoral supervision.

**Client Rights and Important Information:**

1. You are entitled to receive information from the clinician about their methods of therapy, the techniques they use, and the duration of your therapy and their fee. 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 the one with your clinician), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the board that licenses, certifies, or registers the therapist.
4. Generally speaking, information provided by and to a client in a professional relationship with a psychotherapist is legally confidential, and the therapist cannot disclose the information without the client’s consent. There are several exceptions to confidentiality which include:

1. The clinician is required by law to report any suspected incident of child abuse or neglect to law enforcement

2. The clinician is required by law to report any threat of imminent physical harm by a client to law enforcement and to the person threatened

3. The clinician is required by law to initiate a mental health evaluation of a client who is imminently dangerous to self or others, or who is gravely disabled, as a result of a mental disorder

4. The clinician is required to report any suspected threat to national security to federal officials

5. The clinician may be required by court order to disclose treatment information

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 of the Colorado Revised Statutes and the HIPPA Notice of Privacy Rights you were given as well as other exceptions in Colorado and Federal law.

**Disclosure Regarding Divorce and Custody Litigation:**

1. If you are involved in a divorce or custody litigation, your clinician’s role is not to make recommendations to the court concerning custody or parenting time. The court can appoint professionals who can evaluate and make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family’s children. A goal of child and family therapy is to increase cooperation between litigating parents. In most circumstances, placing a clinician under subpoena is contraindicated. Please discuss these matters with the clinician so that the needs of your child and family are addressed properly.
2. If you have joint medical decision making where both parents must consent to the child’s treatment. If you have sole medical decision-making only your consent is required.

**Other Policies**:

Video/Audio recording of ANY session without written permission from all parties involved is strictly prohibited and will result in immediate termination of professional relationship and counseling services.

**Payment Policies:**

Payment for co-pays, deductibles and any remaining account balances are due at the beginning of each session.

Krista and Robin accept direct reimbursement from various insurance companies. If you are using an insurance company that Krista does not have a contract with, payment is expected at the time of service before you are seen. Filing claims and collecting from your insurance is your responsibility.

If you have not been seen in at Lotus Counseling for 90 days and payment is due on your account, you must pay the account in full. If after 90 days the account is not paid, it goes to our collection agency. If you desire further counseling, Lotus Counseling reserves the right to refuse service until the account is paid in full. If payment cannot be made, we shall forward your records, upon your request, to another service provider.

**Cancelled Appointments:**

Please provide at least 24 hours notice for cancellations. If your appointment is not cancelled within the 24-hour time frame, you will be charged a $50 dollar cancellation fee.

**Emergencies:**

We do our best to answer phone calls between 9 AM-7 PM, unless with a client. Messages can be left at our main number (970) 773-4691. We will call you back within 24 hours. If you need to be seen because of a life-threatening emergency, proceed to either St. Mary’s Hospital or Community Hospital emergency room, and see the doctor on-call. Please inform the physician or nurses that you are a patient of Lotus Counseling so that we may be contacted.

**I have read the preceding information, and it has been presented to me verbally. I understand the disclosures that have been made available to me. I also acknowledge that I have received a copy of this disclosure statement.**

SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notice of Health Information Privacy Practices**

**Introduction**

This notice of health information privacy practices describes the personal information I collect, and how and when I use disclosed information. It also describes your rights as they relate to your protected health information. This notice is effective September 30, 2013 and applies to all protected health information as defined by federal guidelines.

**Understanding your health information**

Each time you visit Lotus Counseling; a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health record serves as a:

* Basis for planning your care and treatment
* Means of communication among the health professionals who contribute to your care
* Legal document describing the care you received
* A tool in educating health professionals
* A source of information for public health officials charged with improving the health of this state and the nation
* A source of data for our planning and marketing
* A tool with which I can assess and continually work to improve the services rendered and the outcomes achieved

Understanding what is in your record and how your health information is used helps you to:

* Ensure its accuracy
* Better understand who, what, when, where, and why others may access your health information
* Make more informed decisions when authorizing disclosure to others.

**Your Health Information Rights**

Although your health information is the physical property of Lotus Counseling, the information belongs to you. You have the right to:

* Obtain a paper copy of this notice of information practices upon request
* Inspect and copy your health record as provided in 45 CFR 164.524
* Amend your health record as provided in 45 CFR 164.528
* Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
* Request communications of your health information as provided for by 45 CFR 164,522
* Revoke your authorization to use or disclose health information except to the extent that action has already been taken

**Responsibilities of Lotus Counseling**

Lotus Counseling is required to:

* Maintain the privacy of your health information,
* Provide you with this notice as to my legal duties and privacy practices with respect to information I collect and maintain about you.
* Abide by the terms of this notice,
* Notify you if I am unable to agree to a requested restriction, and
* Accommodate reasonable requests your may have to communicate health information by alternative means or alternative locations.

I reserve the right to change my practices and to make the new provisions effective for all protected health information I maintain. Should my information practices change, I will give you in person, or by mail a revised notice to the address you have supplied me.

I will not use or disclose your health information without your authorization, except as described in this notice. I will also discontinue using or disclosing your health information after I have received a written revocation of the authorization according to the procedure s included in the authorization.

**For more information or the report a problem**

If you have questions, would like additional information, or believe your privacy rights have been violated; you can contact the Office for Civil Rights (OCR). There will be no retaliation for filing a complaint. The address for the OCR is listed below:

**Office for Civil Rights**

**US Department of Health and Human Services**

**200 Independence Avenue, SW**

**Room 509F, HHH Building**

**Washington, DC 20201**

I have received the Heath Information Privacy Practices notice and I have been provided an opportunity to review it.

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Name of Client (please print) Birth Date

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Client Signature Date

Office copy