

## **RIGHTS, CONSENT AND DISCLOSURE**

*Welcome to Counseling with Care, we are honored you chose our facility for your counseling needs. We are an integrated facility, this means your first appointment will be with a medical professional. We believe the integrated model of medical and counseling professionals provide the best care for our counseling clients.*

You are entitled to receive information from your therapist about his/her methods of therapy, the techniques he/she use and the duration of your therapy. You can seek a second opinion from another therapist or terminate therapy at any time. In a professional relationship, sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Colorado Department of Regulation. Generally speaking, the information provided by and to a client during therapy sessions with a counselor is legally confidential. This means, the counselor cannot be forced to disclose the information without the client's consent. There are exceptions to the general rule of legal confidentiality these include:

Please initial

- \_\_\_\_\_ If you sign a release of information form giving permission to provide specified information about your treatment to a particular individual or agency.
- \_\_\_\_\_ If your therapist reasonably suspects or has proof of child abuse and/or neglect.
- \_\_\_\_\_ If your therapist reasonably suspects, or has proof of abuse, neglect, and/or exploitation of elderly or disabled individual
- \_\_\_\_\_ If you are in imminent danger of harming yourself and/or others. A therapist is required to disclose such information to the appropriate authorities or to warn the party, location, or entity you have threatened.
- \_\_\_\_\_ Your therapist may release information to a parent if you (the client) are under the age of 15 when deemed clinically appropriate.
- \_\_\_\_\_ If your therapist's testimony is subpoenaed in criminal court cases and is ordered to violate privilege by a judge in child-custody, divorce, and other court cases.

## **UNTIMELY CANCELLATION / NO SHOW POLICY**

Please be aware Counseling with Care has an Untimely Cancellation/No Show Policy. Missed appointments have an impact on the therapist's schedule and are not in the best interest of the client. Our therapists are fully booked and often have waiting lists. If you are unable to keep your appointment, we would like to have the option to offer the appointment to another client and ask that you show consideration by calling in advance to cancel. A "No Show" is defined as a "did not call/did not cancel" appointment. An "Untimely Cancellation" is defined as failure to give at least 24-hours' notice of cancellation. The following is a brief summary of CWC Cancellation/No Show Policy:

- Failure to give at least a 24-hour notice of cancellation of an appointment "untimely cancellation" or "no show" for each scheduled hour of appointment time will result in a charge of \$95.00, this will be billed to the credit card we have on file. This charge cannot be billed to your insurance company and is owed by you.
- Two (2) consecutive "untimely cancellations" or "no shows", or four (4) within four (4) months, may result in termination of your treatment at the discretion of your therapist. In such cases, CWC will provide referrals to other providers in the area.
- If you are more than 15 minutes late for your session, CWC reserves the right to reschedule/cancel your appointment. At that time, you may be charged a no-show fee, as stated above.
- This office values your time as much as our own. We make every effort to keep appointments on time. There are emergencies that occur in the mental health field that could make your therapist run late, and we ask your patience in these circumstances. Usually, we will run no more than 15 minutes behind without calling clients to notify them.
- For those snowy days, we will follow the Douglas County School District. Therefore, if there is a school cancellation, late start or early closure you won't be charged for missing your appointment. For other extenuating circumstances please contact your therapist directly.

## **FINANCIAL RESPONSIBILITY AND FEE STRUCTURE**

**\* As of January 1, 2020, we will keep an active credit card on file for each Counseling with Care client. This will only be used for missed co-pays, unmet deductibles, and no-show / late fees. Before we charge your card, you will be notified of the amount being charged.**

Counseling with Care takes most insurance plans. However, CWC is NOT a Medicaid provider and therefore cannot legally treat patients on Medicaid, even if it is a secondary policy.

Clients should be aware of their benefit coverage. This includes cost share information such as deductibles, co-insurance, and co-pay amounts. If you are not familiar with your plan coverage, we recommend you contact your carrier directly.

At Counseling with Care you will need to pay your co-pay at the time of service. Also, you are responsible to pay any deductible amounts that are not covered by your primary or supplemental insurance. If you choose not to pay your balance or contact the billing office (303)805-2287 within 60 days to make payment arrangements, your account may be turned over to an outside collection agency.

If Counseling with Care does not carry your insurance plan. You may choose to be a cash-pay client. Cash-pay is \$100 per 50-minute session.

Counseling with Care offers a variety of groups at different times of the year. You may choose to participate in a group at any time and the fee structure is determined by each individual leader/counselor. However, groups are cash pay only and not billed under your insurance plan.

## **LEGAL AND COURT INVOLVEMENT**

If you enter into treatment with Counseling with Care, you are agreeing not to involve us in legal/court proceedings or to attempt to obtain records of treatment for legal proceedings. This prevents misuse of your treatment for legal objectives. Our goal is to support you in achieving therapy goals, not to address legal issues that require an adversarial approach.

If you are involved in or anticipate being involved in legal or court proceedings, please notify your counselor as soon as possible. It is important for you to recognize that treatment is not an appropriate way to obtain evaluative results. If you need a formal psychological evaluation, your counselor will assist you in finding a provider who offers this service.

In the event you do require one of our counselor's testimony or involvement in any non-adversarial aspects of legal/court proceedings, we will do so only with your written consent. A fee structure including, but not limited to court appearances, preparation for court, consulting with attorneys, reviewing the file, report/letter writing, and time spent traveling to court and waiting to testify will be presented to you prior to any legal proceedings. You will be required to pay 1/2 of the fee up front and pay the other 1/2 upon completion. These services are not reimbursable by your medical insurance.

Furthermore, Counseling with Care does not provide letters for emotional support animals. Emotional support animals differ from service dogs in a few keyways. First, service dogs have been trained to perform specific tasks for individuals and emotional support animals do not require any specific training. Therefore, since we are unaware of the levels of training for each individual animal, we are unable to successfully evaluate each specific situation.

## **COUNSELORS AT COUNSELING WITH CARE**

### **Allison Berthiaume, MSW, LCSW**

Licensed Clinical Social Worker  
MSW in Social Work, University of Denver  
Bachelor of Arts in Psychology, University  
Of Northern Colorado

### **Nicole Henderson, MSW, LCSW**

Licensed Clinical Social Worker  
MSW in Social Work, University of Denver  
Bachelor of Science in Psychology, Colorado State  
University

### **Matt Louzon, MA, LPC, CMiT**

Licensed Professional Counselor  
Certified Motivational Interviewing Therapist  
Bachelor of Science, Michigan State University  
MA in Counseling, University of Northern Colorado

### **Steve Termath, MA, LPC**

Licensed Professional Counselor  
BS in Business Management, University of Phoenix  
MA in Clinical Mental Health Counseling, Denver  
Seminary  
Honorably Discharged Veteran, US Army, Psychological  
Operations

### **Megan West, MA, LPC**

Licensed Professional Counselor  
EMDR Trained  
BA in Education, Kansas State University  
MA in Counseling, Denver Seminary

### **The following is a list of requirements for each mental health professional:**

A **Registered Psychotherapist** is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado, but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state - A **Certified Addiction Counselor I (CAC I)** must be a high school graduate or equivalent, complete required training hours and 1,000 hours of supervised experience. - A **Certified Addiction Counselor II (CAC II)** must be a high school graduate or equivalent, complete CAC I requirements, and obtain additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam. - A **Certified Addiction Counselor III (CAC III)** must have a bachelor's degree in behavioral health, complete CAD II requirements, and complete additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam. - A **Licensed Addiction Counselor** must have a clinical master's degree, meets

the CAC III requirements, and pass a national exam - A **Licensed Social Worker** must hold a master's degree from a graduate school of social work and pass an examination in social work. A **Licensed Clinical Social Worker** must hold a master's or doctorate degree from a graduate school of social work, practiced as a social worker for at two years, and pass an examination in social work, as well as accrue 3,360 hours of supervised work experience over a period of no less than 24 months. At least 1,680 of the hours must be spent in a role that includes testing, diagnosis, assessment, treatment, or counseling. - 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 Marriage and Family Therapist** must hold a master's or doctoral degree in marriage and family counseling, have at least two years post-master's or one-year post-doctoral practice, and pass an exam in marriage and family therapy. - A **Licensed Professional Counselor** must hold a master's or doctoral degree in professional counseling, have at least two years post-master's or one-year postdoctoral practice, and pass an exam in professional counseling. - A **Licensed Psychologist** must hold a doctorate degree in psychology, have one year of post-doctoral supervision, and pass an examination in psychology.

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The Board of Licensed Professional Counselors and the Board of Social Work Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

I authorize and request Counseling with Care, to carry out treatment and /or diagnostic procedures that now, or during the course of my treatment become advisable.

I understand that while the course of my treatment is designed to be helpful, Counseling with Care can make no guarantees about the outcome of my treatment.

I understand the psychotherapeutic process can bring up uncomfortable feelings such as anxiety, sadness, guilt, shame and anger. I understand this is a normal response to working through unresolved life experiences and Counseling with Care, and myself will try and address these reactions.

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Print Name

\_\_\_\_\_  
Client's or Responsible Party's Signature

\_\_\_\_\_  
Date

If signed by Responsible Party, please state relationship to client

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