

MORE CHOICES LLC
DISCLOSURE STATEMENT

Clinician Name: **Ann Kelly, MA LPC NCC # 4289**

Business Address: 19501 East Mainstreet, Suite 200, Parker, CO 80138 Business Phone: **(720) 849-1884**

Alternate Address: 7114 West Jefferson Avenue, Suite 111, Lakewood, CO 80235 Business Phone: **(720) 849-1884**

The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Mental Health Section of the Department of Regulatory Agencies. Questions and complaints may be directed to The Grievance Board, which can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

Treatment Agreement:

I request services from Ann Kelly, MA LPC, More Choices LLC.

Confidentiality:

I understand that my records will be held in confidence as defined by the Colorado Mental Health Services pursuant to Colorado Revised Statutes (CRS 27-65-101 et.seq. & Standard CF.1 et.seq.) and the Division of Alcohol and Drug Abuse pursuant to code of Federal Regulations (42 C.F.R. Part 2). There are exceptions to the rule of confidentiality that can be explained and will be identified to you should any such situations arise during therapy. In general, the exceptions include a "threat of serious harm to yourself or others" as in the case of child abuse, suicide, grave disability; under a court order; or in response to any legal action taken by you against this provider.

Destruction of Records:

I understand that the clinical records from this treatment episode may be destroyed if no further treatment is rendered within 7 years of the date of termination of this episode (or 7 years from the date client reaches age eighteen, if client is a minor.)

CLIENT RIGHTS:

- You have the right to revoke this consent at any time.
- To receive treatment only if you or your legal guardian gives permission in writing.
- To be treated with respect and recognition of your need for dignity.
- To receive services based on your individual needs, in a setting which supports your individual freedoms.
- To actively participate with your provider in creating a plan for your care. To include other people you think would be helpful to you in creating your care plan.
- To confidentiality, and to expect that none of the information about your treatment will be given to anyone without your permission except as required by law.
- To refuse treatment unless you are court ordered to receive services and to be informed of the consequence of your refusal.
- To have your family members involved in your care, at your request. To be represented by your guardian in the case that you are unable to fully participate in your treatment decisions.
- To inspect your records, or have them shown to anyone designated by you in writing. If you are denied access to records, to know why and how to appeal.
- To receive written notification and request a second opinion if you disagree with your provider's decision to reduce or discontinue your services, or deny you inpatient services.
- To not be discriminated against due to race or ethnicity, sex, age, disability, sexual orientation, genetic information or source of payment.
- To be informed of the rights in a way you understand.
- To complain about our services at any time without retaliation.

We provide services in accordance with the following guidelines:

- You are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure.
- You may terminate therapy at any time.
- In a professional relationship, sexual intimacy is never appropriate and is illegal in Colorado. It should be reported to the Board that licenses, registers, or certifies the licensee, registrant or certificate holder.

- The information provided by you during therapy is legally confidential except as required by law in Section 12-43-218 of the Colorado Revised Statutes and in the Notice of Privacy Rights you have been provided.
- If you participate in group therapy, it is necessary for you to agree to protect and respect the privacy of other group members. You need to agree not to share personal information, including the names of other group members, with people outside of the group. You may expect other group members to show the same respect for your confidentiality.
- 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 bachelors 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.

Fees for services are as follows:

- Counseling sessions are fifty (50) minutes in length, which includes time for the payment and making the next appointment. Payment is due at the time services are rendered.
- My fee is \$100 per session for individual, \$50 for group and \$120 for families and couples (2+ people). I am also a provider who is contracted with several insurance companies and third party payors. My clients are legally responsible for payment of counseling services, if for any reason said clients' insurance company, HMO, third party payor, etc., doesn't compensate this counselor for services provided. By signing this form, clients understand that they give permission to this counselor to communicate with their insurance company, HMO, third party payor, etc., regarding payment of counseling fees.
- It is the policy of this practice to collect all fees owed after 30 days, unless you make arrangements for payment and we both agree to such an arrangement. All accounts that are not paid within 30 days from the date of service will be considered past due. If your account is past due, please be advised that I may be obligated to turn past due accounts to a collection agency or seek collection with a civil court action. Should this occur, I will provide the collection agency or the Court with your name, address, phone number(s), and any other directory information, including, dates of service or any other information requested by the collection agency or Court deemed necessary to collect the past due account.
- Due to the time commitment I make to you, if you fail to show up without having given at least 24 hours notice, you will be charged a full \$100.00 fee.

Should you discontinue therapy for more than 60 days, your treatment will be considered completed or "terminated." You may resume therapy anytime after the 60 day period. This disclosure statement will remain in effect should you resume therapy and you may be asked to provide additional information to update your clinical records.

I understand that my counselor is not available 24 hours a day. I agree to call 911 in the event of an emergency.

I have been informed of my counselor's degrees, credentials and licenses, verbally and on this form. I have also read and received a copy of the information on both sides of this page. I understand my rights as a client.

Client Name (please print)

Client Signature (Parent or Legal Guardian)

Date

Clinician Signature

Date