

Grace Counseling Services

Disclosure Statement

The State of Colorado requires that psychotherapy and psychiatric clinicians provide clients with certain information about the psychotherapy process. Please take the time to read this page carefully, ask about any matters that seem unclear, initial where indicated, and sign the back page of the statement. Signing this form indicates you agree to and understand the policies of Grace Counseling Services. A copy will be placed in your files.

As licensed therapists/clinicians, we endeavor to integrate sound psychological, medical, and spiritual principles in your treatment. You are entitled to receive information from any counselor concerning their methods of therapy, the techniques used, an estimation of the duration of your therapy, fee structure, risks and benefits of therapy, confidentiality, and access to records. You also have the right to know what other treatment options are available and the possible effectiveness of those alternatives. You may at any time seek a second opinion from another clinician and/or terminate therapy. Counselors/clinicians need to be informed if you are working with more than one therapist.

Scheduling Policies

Standard counseling sessions are 50 minutes. Scheduling is handled through the front desk. Please call 720-489-8555, ext. 100, Monday through Thursday, 8 a.m. to 5 p.m., to schedule or cancel appointments.

Payment Policies: *Please read and **INITIAL** each item:*

- ___ **1. PAYMENT IS DUE ON THE DAY OF YOUR COUNSELING SESSION.**
- ___ **2. Fees are \$95 for Licensed Professional Counselors/L.P.C., \$100 for D.Min., \$120 for Licensed Psychologist/Ph.D per 50-minute sessions, and \$180 for Advanced Practice Registered Nurse for psychiatric evaluation, \$90 for medication management (20-30 minutes).** Longer sessions will be charged on a prorated basis of the normal hourly fee.
There will be a \$25.00 charge for returned checks.
- ___ **3. The full session fee is charged for MISSED appointments and cancellations not made 48 HOURS IN ADVANCE** (Victim's compensation and the benevolence fund do not pay for cancellations or missed appointments; therefore, clients are responsible for payment of GCS's regular full fee for a missed session).
- ___ **4. Grace Counseling Services is out-of-network coverage for insurance companies; therefore, it is the client's responsibility to file with their insurance provider for reimbursement.** After full payment, **at the time of service**, GCS will provide an itemized statement for you to file with your insurance. If insurance does not reimburse as anticipated, it is the client's responsibility to address the issue with their insurance provider.
- ___ **5. Fees for auxiliary services are pro-rated and charged at the regular hourly session fee.** This includes (not limited to) written reports, insurance correspondence, phone calls exceeding 10 minutes, court appearances and school meetings (including travel time).
- ___ **6. Victim's Compensation** – Letter with claim number required.

EMERGENCY CONTACT

Clients will be provided specific information regarding emergency contact with their counselor/clinician. The emergency numbers of each counselor is provided on his/her GCS voicemail at 720-489-8555.

IF YOU ARE EXPERIENCING A LIFE-THREATENING EMERGENCY, CALL 911 OR GO TO THE NEAREST HOSPITAL EMERGENCY ROOM AND CONTACT YOUR COUNSELOR FROM THERE.

YOUR RIGHTS AND INFORMATION

The Colorado State Department of Regulatory Agencies regulates the practice of both licensed and unlicensed persons in the profession of psychotherapy and advanced practice registered nursing. Any questions, concerns or complaints regarding the practice of psychotherapy may be directed to the State Board. Please note that sexual intimacy between client and therapist is illegal in Colorado and should be reported to the Board:

Mental Health Occupations Grievance Board
1560 Broadway, Suite 1340
Denver, CO 80203
303-894-7766

Generally speaking, information provided to and by the client during therapy sessions is ethically confidential if the therapist is a licensed clinical social worker, a licensed marriage and family therapist, a licensed professional counselor, a licensed psychologist, advanced practice registered nurse, or an unlicensed therapist practicing under the supervision of a licensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent except under the following conditions (Colorado Statute 12-43-218, C.R.S. 1998): legal confidentiality does not apply in a criminal or delinquency proceeding, client-initiated court cases or grievance inquiries, providing information to insurance companies, supervision or consultation, grave disability, court order, or client's authorization to release information. **Mental health providers are required by law to report cases of any child neglect or physical/sexual abuse to County Child Protective Services. Additionally, if any individual becomes dangerous to himself/herself or others, or is incapable of caring for himself/herself, confidentiality will be broken in order to arrange for appropriate care.**

It is the right of parents of a minor to inquire about their child's therapy. A minor is defined as a child under the age of 18 for L.P.C., or a child under the age of 15 for Ph.D and APRN. Therapy, however, proves to be more beneficial to the client and family if the child trusts that what he/she shares in sessions is confidential. Specific content of therapy will be kept confidential for non-minor children unless the well-being of the child requires the parent to have access to such information (please read full disclosure on confidentiality of minors enclosed in intake packet).

By signing below, I acknowledge I have read the preceding information, understand my rights as a client and agree to counseling under these conditions.

Name of Client (s) PLEASE PRINT

Signature of Client(s) or Legal Guardian **Date**