



Poudre Psychotherapy Partners

2625 Redwing Rd, Suite 110, Fort Collins, CO 80526 • 970.829.0761

Personal Information

Today's Date: _____

Name: _____

Date of Birth: _____ Age: _____

Do you have preferred gender pronouns? If so, please specify: _____

Address: _____

Street

City

State

Zip

Home Phone: _____ *Is it ok to leave a voice message?*
Yes No

Cell Phone: _____ Yes No

Work Phone: _____ Yes No

Which number would you prefer to be contacted on? *Circle One:*
Home | Cell | Work

Is it ok to text you on your cell phone? Yes No

Email Address: _____

Would you like to communicate using email? Yes No

What is your preferred method of communicating? *Circle One:*
Voice | Text | Email

Occupation: _____

Place of Employment: _____

Emergency Contact: _____
Name Phone

Medical Information

Name of Physician: _____
Name Phone

When were you last seen by your doctor? _____

What was your last doctor visit for? _____

Please list current medications and treating physician:

Medication Name	Prescribing Physician
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Insurance Information

Group ID: _____ Member ID: _____

Are you the insured? Yes No

If no, provide name of insured: _____

Payer Information (back of card): _____

SSN (for Medicaid/Medicare only): _____

Brief description of your reason for seeking counseling:

Please skip if you have already discussed with your provider

Please send a picture of the **front and back** of your insurance card to Autumn at office@poudretherapy.com Please give your credit card to your therapist or coordinate a time with Autumn for her to input your card.

Under Colorado Law, a psychotherapy client must be informed:

The following information is provided to acquaint you with the counseling process and your rights as a consumer. Please feel free to discuss any of the items with me. The Colorado Legislature has enacted House Bill 1026, which regulates the practice of mental health professions. The law specifies that certain information must be disclosed to all clients.

Credentials

Loni Beall - Degrees: Master of Arts in Counseling, Colorado Christian University, Bachelor of Arts, University of Iowa. Licensure: Colorado Licensed Professional Counselor, License # 11905

Janell Nicholson - Degrees: Master of Clinical Psychology, Santa Clara University. Bachelor of Fashion Merchandising, Texas State University. Colorado Licensed Professional Counselor #15966

Jenna Raymond – Degrees: Master of Social Work, Colorado State University, Bachelor of Science, Montana State University. Licensure: Colorado Licensed Clinical Social Worker, License #9926256

Ann Robinson, LCSW – Degrees: Master's of Social Work, Colorado State University. Independent Contractor. License #9926130

Amy Adler, LSW – Degrees: Master's of Social Work, University of Wisconsin-Madison. Bachelor of Management Information Systems from Eckerd College. Supervised primarily by Jenna Raymond, LCSW. License #9924841

Corina Miller – Master's level Intern, currently enrolled in Master of Social Work program at Colorado State University. Degrees: Bachelor of Arch, CU Boulder. CAS I. Supervised primarily by Ann Robinson, LCSW, Jenna Raymond, LCSW, LAC.

Chriss Hebbeler – Master's level Intern and CAS I, currently enrolled in Master of Clinical Mental Health Counseling at Grand Canyon University. Degrees: Bachelor of Psychology from University of Arizona and a Master's of Sociology from University of Northern Colorado. Supervised primarily by Loni Beall, LPC.

Jenny Levin – Master's level Intern, currently enrolled in Master of Clinical Mental Health, M.A. Counseling at Adams State University. Degrees: Bachelor of Russian at University College London and Master's of English at Colorado State University. Supervised primarily by Jenna Raymond, LCSW and Loni Beall, LPC.

Sarah Weeks – Master's level Intern, currently enrolled in Master of Clinical Mental Health Counseling at University of Northern Colorado. Degrees: Bachelor of Education from University of Wisconsin-Madison. Supervised primarily by Loni Beall, LPC.

Your rights as a client

- 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 seek a second opinion from another therapist or may terminate therapy at any time.
- Generally speaking, information provided by and to a client during therapy sessions is legally confidential. There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado Mental Health Statute and may occur under the following conditions: written consent by the client, by order of the court, suspected abuse and/or neglect of a child or at-risk adult, and evidence of danger to yourself or others. These are requirements of the law and are designed for the protection of yourself and others. • You are encouraged to ask questions and to express any concerns you may have. • We have a professional relationship only. We do not have relationships outside of the office, in person or online, with clients. We will not friend or follow you on social media and ask that you do the same. In a professional relationship, such as the therapeutic relationship, sexual intimacy is never appropriate and should be reported to the State Grievance Board at the address listed below.

Governing Board

The Colorado State Department of Regulatory Agencies regulates the practice of both licensed and unlicensed persons in the field of psychotherapy. Should you need to pursue questions concerns or complaints beyond our discussion regarding my practice of mental health treatment, you can contact the State Grievance Board at the following address and telephone number: Department of Registrations Colorado Mental Health Section Inquiries/Complaints 1560 Broadway, Suite 1370 Denver, CO 80202 (303) 894-7767.

HIPAA and PHI

Please see the detailed Notice of Privacy Practices for details regarding your Personal Health Information and privacy. Note that necessary information will be disclosed to your insurance company in order to file claims on your behalf. This information includes your name, birthdate, address, diagnosis, and dates of therapy. Delinquent balances may be sent to a collection agency with necessary PHI. The therapists in this practice frequently and regularly consult with one another regarding treatment of their clients, and limited information may be exchanged during these consultations. As this agreement governs all therapists affiliated with Poudre Psychotherapy Partners, such consultations are not a violation of HIPAA, and your PHI will be respected and protected by all PPP therapists.

Communication

The most secure forms of communication are face-to-face, the secure client portal, and telephone. You are welcome to use email, but please remember that email is not guaranteed to be private or secure, so discussing personal information via email is done so at your own risk. Please use the client portal to schedule, reschedule, and

cancel appointments. We charge for phone calls other than scheduling issues and brief, routine matters.

Mental Health Emergencies

Clients who are in need of emergency services should call 911 or go to the nearest emergency room. Larimer County residents may also call the Summitstone Crisis Center at 970-494-4200. We are not able to offer 24 hour accessibility.

COVID19 Precautions

We are taking all reasonable precautions to prevent the spread of COVID19 in the office. Please do not come to the office if you have any symptoms associated with COVID19, whether or not you believe that you actually have COVID19. These symptoms are detailed at www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html. Do not come to the office if you know you have been exposed to COVID 19, even if you are asymptomatic. As with any activity during this time, coming to therapy in person is done at your own risk.

Acknowledgement

I have received and read this disclosure form. I understand that I have the right to request a hard copy of this disclosure for my files.

Signed: _____ Date: _____

Print name: _____

If client is under 18:

Parent signature: _____ Date: _____

Print name: _____

Notice of Privacy Practices

Please note that this notice is required by Federal law, and the information it contains is mandated by that law. If you have any questions about how your Protected Health Information (PHI) is used, please contact me (your therapist).

NOTICE OF PRIVACY PRACTICES THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I am required by law to maintain the privacy and security of your protected health information ("PHI") and to provide you with this Notice of Privacy Practices ("Notice"). I must abide by the terms of this Notice, and I must notify you if a breach of your unsecured PHI occurs. I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website. The website will always have the most recent version.

Except for the specific purposes set forth below, I will use and disclose your PHI only with your written authorization ("Authorization"). It is your right to revoke such Authorization at any time by giving me written notice of your revocation. Uses (Inside Practice) and Disclosures (Outside Practice) Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Written Consent. I can use and disclose your PHI without your Authorization for the following reasons:

1. For your treatment. I can use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional. For example, if you are being treated by a physician or a psychiatrist, I can disclose your PHI to him or her to help coordinate your care, although my preference is for you to give me an Authorization to do so.

For clients seeing a therapist intern at PPP, necessary client PHI will be shared between the therapist intern and her clinical supervisors, in order to assure quality care of the client. From time to time, PPP may contract with another provider outside of the practice to provide consultation for the intern for a client demographic that is outside of the scope of practice of the existing PPP therapists. This includes, but is not limited to, Ann Robinson, LCSW, of Two Rivers Therapy & Consulting. In such an arrangement, the parties will enter into a Memorandum of Understanding that will allow sharing of PHI as needed for relevant cases only. All of the supervisors, whether employed by PPP or another practice, will be bound by the rules of HIPAA regarding sharing PHI outside of the supervision sessions.

2. To obtain payment for your treatment. I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For example, I might send your PHI to a third-party billing company and/or your insurance company to get paid for the health care services that I have provided to you, although my preference is for you to give me Authorization to do so.

3. For health care operations. I can use and disclose your PHI for purposes of conducting health care operations pertaining to my practice, including contacting you when necessary. For example, I may need to disclose your PHI to my attorney to obtain advice about complying with applicable laws.

Certain Uses and Disclosures Require Your Authorization.

1. Psychotherapy Notes. I do not keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501; rather, I keep a record of your treatment and you may request a copy of such record at any time, or you may request that I prepare a summary of your treatment. There may be reasonable, cost-based fees involved with copying the record or preparing the summary.
2. Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes. Marketing is defined as receiving financial remuneration for communicating about other businesses’ health-related services or products to patients.
3. Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of my business.

Certain Uses and Disclosures Do Not Require Your Authorization. Subject to certain limitations mandated by law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.

10. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

YOUR RIGHTS YOUR REGARDING YOUR PHI You have the following rights with respect to your PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.
5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.

7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to a paper copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.

HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you think I may have violated your privacy rights, you may file a complaint with me, as the Privacy Officer for my practice. My address and telephone number are at the beginning of this document. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

1. Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201;
2. Calling 1-877-696-6775; or,
3. Visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

I will not retaliate against you if you file a complaint about my privacy practices.

EFFECTIVE DATE OF THIS NOTICE This notice went into effect on April 14, 2013. The latest version was effective on the date noted at the beginning of this document.

Information about Fees, Cancellations, and Payment

Hourly Rate:

Your therapist's hourly rate is \$125. We may have contracted with your insurance company to see you for a reduced fee. We will bill your insurance company and you will be responsible for any cost-shares, co-pays, or deductibles. Your therapist will collect payment for your copay every session. If you do not have insurance, or if your therapist is not in-network with your insurance, she may adjust the fee based on your financial needs. We bill in increments of 30 minutes and will prorate your bill accordingly if your session is less than an hour long, with a 30-minute minimum charge.

If you see one of our Master level Intern's, your therapist's hourly rate is \$80, but we offer a sliding scale from \$60-\$80.

Running Late:

Your therapist makes an effort to keep her appointments on time and asks that you do the same. Neither the end time nor the fee will be adjusted for late arrivals. After 15 minutes, your appointment will be considered a no-show.

Cancellations, and No-Shows:

If you need to cancel or reschedule your appointment, please give your therapist as much notice as possible, as a courtesy. If you cancel or change your appointment AFTER 5 PM ON THE DAY BEFORE YOUR APPOINTMENT, or if you do not attend your appointment without notice (no-show), you will be charged the full fee that your therapist would have been paid for seeing you at that time. Since insurance companies do not pay for cancellations and no-show appointments, this will be your responsibility. This policy also applies to no-shows for scheduled appointments. Clients are given one "woops" per calendar year to waive the fee; all following incidents will be subject to this fee.

(initials)

ANY IN-PERSON APPOINTMENT MAY BE CHANGED TO A TELEHEALTH APPOINTMENT WITH MINIMAL ADVANCED NOTICE TO YOUR THERAPIST if you are unable to attend your in-person session. Changing an in-person appointment to telehealth will not be considered a cancellation or no-show and therefore, no fees will apply.

(initials)

Medicaid recipients:

Medicaid rules do not allow PPP to charge a fee to you for late cancellations and no-show appointments. However, we ask that you abide by the same policy of canceling or rescheduling your appointment BY AFTER 5 PM ON THE DAY BEFORE YOUR APPOINTMENT. More than two late cancellations and/or no-show appointments (any combination thereof) in one calendar year is an indication that you are not in a season of life to be able to prioritize regular counseling, and will therefore result in termination of services at Poudre Psychotherapy Partners.

(initials)

Card on File

Unless you are a Medicaid client, we require that each client keeps a credit card on file in the client portal for payments. Your card will be charged automatically for copays, cost shares, and late fees. You are expected to keep your account current unless other arrangements are made in advance.

Court Testimony:

Court testimony or involvement with legal issues is typically beyond the scope of our services. Clients who wish to be seen for the purpose of assistance in legal matters should make this known prior to proceeding with therapy. If your therapist called to testify in court on your behalf, payment of a retainer for five hours of preparation, travel, waiting, and testimony must be made in advance, at the full hourly rate of \$125, even if your fees have been discounted.

Acknowledgement:

I have received and read this form regarding fees, cancellations, and payment, and I understand them and agree to abide by these policies.

Signed: _____ Date: _____

Print name: _____

Information about Balance Billing

Under Colorado Law, a psychotherapy client must be informed as follows about Surprise/Balance Billing:

What is surprise/balance billing, and when does it happen?

If you are seen by a health care provider or use services in a facility or agency that is not in your health insurance plan's provider network, sometimes referred to as "out-of-network," you may receive a bill for additional costs associated with that care. Out-of-network health care providers often bill you for the difference between what your insurer decides is the eligible charge and what the out-of-network provider bills as the total charge. This is called "surprise" or "balance" billing.

When you cannot be balance-billed:

Emergency Services: If you are receiving emergency services, the most you can be billed for is your plan's in-network cost-sharing amounts, which are copayments, deductibles, and/or coinsurance. You cannot be balance-billed for any other amount. This includes both the emergency facility where you receive emergency services and any providers that see you for emergency care.

Nonemergency Services at an In-Network or Out-of-Network Health Care Provider: The health care provider must tell you if you are at an out-of-network location or at an in-network location that is using out-of-network providers. They must also tell you what types of services that you will be using may be provided by any out-of-network provider.

You have the right to request that in-network providers perform all covered medical services. However, you may have to receive medical services from an out-of-network provider if an in-network provider is not available. In this case, the most you can be billed for covered services is your in-network cost-sharing amount, which are copayments, deductibles, and/or coinsurance. These providers cannot balance bill you for additional costs.

Additional Protections

- Your insurer will pay out-of-network providers and facilities directly.
- Your insurer must count any amount you pay for emergency services or certain out-of-network services (described above) toward your in-network deductible and out-of-pocket limit.
- Your provider, facility, hospital, or agency must refund any amount you overpay within sixty days of being notified.
- No one, including a provider, hospital, or insurer can ask you to limit or give up these rights.

If you receive services from an out-of-network provider or facility or agency OTHER situation, you may still be balance billed, or you may be responsible for the entire bill. If you intentionally receive nonemergency services from an out-of-network provider or facility, you may also be balance billed.

If you want to file a complaint against your health care provider, you can submit an online complaint by visiting this website:

https://www.colorado.gov/pacific/dora/DPO_File_Complaint.

If you think you have received a bill for amounts other than your copayments, deductible, and/or coinsurance, please contact the billing department, or the Colorado Division of Insurance at 303-894-7490 or 1-800-930-3745.

*This law does NOT apply to ALL Colorado health plans. It only applies if you have a "CO-DOI" on your health insurance ID card. Please contact your health insurance plan at the number on your health insurance ID card or the Colorado Division of Insurance with questions.

Acknowledgement:

I have received and read this form regarding my rights regarding Balance Billing under the laws of the State of Colorado.

Signed: _____ Date: _____

Print name: _____