

Gift of Psychotherapy

Blake Roberts MA, LPC

Licensed Professional Counselor

720-232-0429

Lindsay Roberts MA, LPC

Licensed Professional Counselor

609-923-0785

2855 N. Speer Blvd., Suite E; Denver, CO 80211

Mandatory Disclosure Statement

Service Providers:

Blake Roberts MA, LPC; Lindsay Roberts MA, LPC

Education/Degrees:

Blake

Master of Arts, Counseling Psychology

Regis University, 2008

Bachelor of Arts

Winthrop University, 1997

Lindsay

Master of Arts, Clinical Mental Health Counseling

Argosy University, 2009

Bachelor of Arts, Psychology

William Paterson University, 2006

Registrations:

Blake

Licensed Professional Counselor

Certified Crisis Prevention Institute Instructor

Post-Graduate certificate in Collaborative Problem Solving

Trained in Eye Movement Desensitization and Reprocessing

Member of the American Counseling Association

Lindsay

Licensed Professional Counselor

Trained in Eye Movement Desensitization and Reprocessing

Member of the American Counseling Association

Department of Regulatory Agencies:

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, licensed or certified addition counselors, and unlicensed individuals who practice psychotherapy. The agency within the Department that has the responsibility specifically for licensed and unlicensed psychotherapists are the Department of Regulator Agencies, Mental Health Section. Their contact information is detailed below:

Department of Regulatory Agencies
Mental Health Section
1560 Broadway, Suite 1350
Denver, Colorado 80202
(303) 894-7800

Client Rights and Important Information:

- You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine that), and my fee structure. Please ask if you would like to receive this information.
- You can seek a second opinion from another therapist or terminate therapy at any time.
- In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section immediately.
- Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified additional counselor, or an unlicensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.

- Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates.
- There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S. There are exceptions that I will identify to you as the situations arise during therapy.
- The information provided by the client during therapy is confidential except for certain legal exceptions. Exceptions to the rule of confidentiality will be identified to you should any such situation arise during therapy. Examples of such exceptions include: a client who is an imminent danger to self or others; there is suspected child abuse or neglect, if a judge in a court of law directs me to reveal information. A list of exceptions to the general rule of legal confidentiality is provided in the Colorado Revised Statute 12-42-218. If you have any questions or would like additional information, please feel free to ask.

Financial Agreement

Standard Service Fees: The rates listed below are based on a 50 minute clinical hour. Therapeutic sessions lasting over 50-minutes in length may be subject to additional service fees.

- Individual Adults: \$120
- Individual Children/Adolescents: \$120
- Families/Couples: \$135
- Phone Consultations over 10 minutes: will be charged on a pro-rated basis of my session fee.

There

Is no charge for brief phone consults (less than 10 minutes)

Attendance at Court fee is \$80.00 per hour not to exceed \$540.00 per day.

Additional information regarding my private practice policies are provided in my **Informed Consent Form**

COLORADO NOTICE FORM

Notice of Privacy Practices

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this notice describes how health information about you is protected, and also how it may be used and disclosed. During the process of providing services, Blake Roberts MA, LPC and Lindsay Roberts MA, LPC, will obtain, record and use mental health and medical information about you that is protected health information. Ordinarily, that information is confidential and will not be used or disclosed, except as described below. Colorado law provides strict protections for patient confidentiality, which together with ethical restrictions and standards often will be more private than HIPAA guidelines. This notice takes on April 15, 2003 and will remain in effect until it is replaced.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent.

To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment and Health Care Operations” – Treatment is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist. – Payment is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. – Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within Gift of Psychotherapy, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of Gift of Psychotherapy, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment or health care operations, I will obtain an authorization from you before releasing this information.

I will also need to obtain an authorization before releasing your Psychotherapy Notes. “Psychotherapy Notes” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse – If I have reasonable cause to know or suspect that a child has been subjected to abuse or neglect, I must immediately report this to the appropriate authorities.
- Adult and Domestic Abuse – If I have reasonable cause to believe that an at-risk adult has been mistreated, self-neglected, or financially exploited and is at imminent risk of mistreatment, self-neglect, or financial exploitation, then I must report this belief to the appropriate authorities.
- Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and I will not release information without your written authorization or a court order. The privileged does not apply when you are being evaluated or a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- Serious Threat to Health or Safety – If you communicate to me a serious threat of imminent physical violence against a specific person or persons, I have a duty to notify any person or persons specifically threatened, as well as a duty to notify an appropriate law enforcement agency or by taking other appropriate action. If I believe that you are at imminent risk of inflicting serious harm on yourself, I may disclose information necessary to protect you. In either case, I may disclose information in order to initiate hospitalization.
- Worker’s Compensation – I may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs, established by law, that provided benefits for work-related injuries or illness without regard to fault.

There may be additional disclosures of PHI that I am required or permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

IV. Patient’s Rights and Psychologist’s Duties Patient’s Rights:

- Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information regarding you. However, I am not required to agree to a restriction you request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative

means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address.)

- Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

- Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.

- Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.

- Right to a Paper Copy – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychotherapists Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

- If I revise my policies and procedures, I will provide you with a revised notice either in person or by mail.

The provider has taken steps to protect the confidentiality of your information, including the use of name-codes, password protection of computer files, locked file cabinets, paper shredding, and other security measures. Your files will be destroyed (shredded or incinerated) when past the time required for the maintenance of such records.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact:

Blake Roberts, MA, LPC – Gift of Psychotherapy 2855 N. Speer Blvd., Suite E, Denver, CO 80211

Lindsay Roberts, MA, LPC – Gift of Psychotherapy 2855 N. Speer Blvd., Suite E, Denver, CO 80211

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice either in person or by postal mail.

I hereby acknowledge that I have received a copy of the provider's Notice of Privacy Rights.

Client Date

Therapist Date