

Informed Consent and Discloser Statement

From the Private Practice of Stephanie Roberts, LPC, CACIII

3393 Iris Ave. # 204

Boulder, Colorado 80301

*****(303) 910-2158*****

Update 2019

Welcome! I am pleased that you have chosen me, Stephanie Roberts as your therapist. I am committed to providing you with the highest quality services. Please carefully read the following information because it will help you utilize my services most effectively. I realize that starting therapy is a major decision and I want this to be a positive and productive experience. I also realize you may have many questions. This document is intended to inform you of my policies, state and federal laws along with your rights. If you have any questions or concerns, please ask and I will try my best to provide you with additional information or clarification.

General Issues: I believe therapy is a collaborative effort in which you and I work together to help you change the thoughts, feelings and behaviors that are interfering with your ability to live a fulfilling life. In addition to utilizing theories grounded in Solution Focused and Cognitive Behaviorism, I take an eclectic approach. I will use the approaches that I believe will best facilitate your arriving at answers to your questions and finding solutions to your problems. I am qualified to provide therapy for a variety of problems. I believe in developing strength based treatment plans that are specific to you as an individual. I will not attempt to impose my values on you.

Dual Relationship: Although our sessions may be intimate psychologically, it is important for you to realize that we have a professional relationship rather than a personal one. You will be best served if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You will learn about me as we work together, however it is important you remember you are experiencing me only in our professional role. This is a requirement of the ethical guidelines for registered Psychotherapists in the state of Colorado and in your best interest. Our contact will be limited to the counseling sessions that you arrange with me and necessary phone or email contact. I will only text via phone if you initiate. Typically, utilizing text is for confirmation of appointments only. Colorado law requires me to inform you that in a professional relationship physical intimacy is never appropriate and should be immediately reported to the grievance board.

Diagnosis and Record Information: After taking evaluations via interviews and therapy sessions, I will give my diagnostic impression based on the information you share with me as well as my observations during therapy. The diagnosis, case notes and other paperwork shared during therapy will become a part of your records on file. Records containing information about your visits are stored in a locked file cabinet.

Confidentiality: Generally, the information provided by you, the client and from me the therapist is legally confidential and I cannot be forced to disclose in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates. The exceptions to the general rule of

legal confidentiality are listed in the Colorado statutes (C.R.S. 12-43-218). However, please 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.

Exceptions to Confidentiality:

1. Any evidence or disclosure by the client of perpetrating child abuse (past or present) must be reported to legal authorities. I am a mandatory reporter of any child abuse.
2. If the individual intends to take harmful, dangerous or criminal actions against another human being or against him/herself it is my duty to report such action or intent to medical and legal authorities. In the unlikely event it is my clinical judgment that you are a danger to yourself or someone else, by signing the consent you authorize me to contact either persons listed as your emergency contacts, or someone else to provide assistance through this crisis situation. This would include, at my discretion, contacting an intended victim. By law, your consent is not necessary.
3. Sexual improprieties by a former therapist are a criminal offense and I am required by law to report.
4. Any disclosure of terrorist activities or intended terrorist activities, I am required by law to report.
5. Certain court orders/actions such as custody cases, malpractice actions, etc may be legally required disclosure of certain material covered in our session.
6. Collection of fees may require disclosure that you have been in a therapy process.
7. My therapy sessions are reviewed in monthly supervision with other licensed professionals at Boulder Therapy Group; this is to aid in your treatment process. In order to provide the best quality of care, I also consult with Olga Vera PhD. Kathy Brozek is my billing person and also has access to your information.
8. Insurance Companies: If you decide to use your insurance, whether you file on your own or utilize my billing person – Kathy Brozek. You must know the companies will usually require me to document your diagnosis and treatment. They can also audit the entire chart . Please review your agreement with your insurance company as well. By signing below, you are giving Stephanie Roberts LPC,CACIII and Kathy Brozek (billing person) permission to release this information.

Fees and Insurance: My fee is \$120.00 for a 50 minute Individual therapy session and \$120.00 for couples and family therapy sessions. Group fees vary by type. Normally you will be given additional information if you are participating in a group. This fee includes the additional time spent completing paper work and reviewing your case. If you are requesting a full evaluation and report submittal to a third party, additional fee structure will be provided. If you are requesting a treatment summary to be submitted to a third party, I charge \$100.0 per hour for my time preparing and writing this document. I charge 25 cents a page for copies and going rate for postage. When consenting to treatment with Stephanie Roberts, you acknowledge that you are responsible for the cost of provided services. Should your insurance company not reimburse as expected, you are responsible for the cost of a received service. Fees are due at the time of service. This includes copayments. Payments can be made by cash, check or credit card. There is a \$25.00 returned check fee. No charges are applied if appointments are cancelled more than 48 hours in advance. A charge of \$60.00 is applied for a late cancellation (not within 24 hours) or “no show”. Additionally, if you miss 3 appointments, your case may be terminated at the discretion of this therapist. In the unlikely event of time spent away from the office due to client hospitalization and or court appearances

resulting from legal issues, additional hourly fees will be assessed. My usual fee is \$100.0 per hour assessed from time I leave my office until I return to my office. 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).

HIPPA Regulations: This form is compliant with HIPPA regulations and no medical or psychotherapeutic information, or other information related to your privacy, will be released without your permission unless mandated by Colorado law. Consistent with HIPPA guidelines authorization for release and consent for treatment will be automatically revoked one year after the signing date.

Grievances: If you are dissatisfied with any aspect of our work together, please talk with me about it. If you think you have been treated unfairly or unethically, and we cannot resolve the problem, you can contact: **The Grievance Board at the following address:**

**The Department of Regulatory Agencies, Mental Health Section
1560 Broadway, Ste. 1350
Denver, Colorado 80202- Telephone: 303-894-7766**

Informed Consent:

Client acknowledgement and consent: I have read the preceding information and understand my rights as a client. By signing below, I acknowledge my understanding and agree to all terms discussed in this disclosure statement. By signing below, I also agree to permit consultation and I provide release for my psychotherapist to seek consultation with other professionals as the need arises. I also affirm, by signing the form, that I am requesting psychotherapy services from Stephanie Roberts. This disclosure statement will be automatically revoked after one year.

Client(s) _____ Date _____

Therapist _____ Date _____

Revised 2019