



Psychotherapist-Client Services Agreement

This form has three purposes. First, it tells you about my procedures and policies concerning important aspects of your psychotherapy. Please let me know if you have concerns about any of these policies. Your first visit will help me get a general understanding of your situation in order to determine how I might best help you. Because I want you to participate actively in planning your counseling, don't hesitate to ask questions.

Psychotherapy is a way of talking through your problems in order to begin resolving them. You will need to take an active part in psychotherapy by working on and thinking about the things you talk about with your therapist. Psychotherapy has been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and feeling much less distressed. However, there are no guarantees of what you will experience, and at times a psychotherapy session may leave you with unhappy feelings.

Second, this form is an Agreement between you and Insight Integration. You may revoke (cancel) this Agreement in writing at any time. That revocation will be binding on Insight Integration unless I have already relied on this Agreement to take action or if you have not paid your bill in full.

Finally, this form also contains information about a federal law that affects your privacy rights. This law, called HIPAA (Health Insurance Portability and Accountability Act), regulates the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. HIPAA requires that we give you a Notice of Privacy Practices (the Notice). The Notice, which is attached to this Agreement, explains HIPAA's application to your personal health information in greater detail. The law requires that we obtain your signature acknowledging that we have provided you with this information. Please take home the Notice and read it before your next session; you and your therapist can discuss any questions you may have about it next time.

APPOINTMENTS, HOURS AND LOCATION

Individual appointments last approximately 50 minutes and can be scheduled through your therapist or by calling **(303) 819-2112**. Please leave a message. *If you need to cancel an appointment, notify me at least 24 hours before the session, or you will be charged \$15 for the time you reserved for the appointment.* However, if you call in advance to cancel an appointment because you are ill, there will be no charge.

Insight Integration schedules appointments on Mondays all-day and weekday evenings. There are no daytime appointments on other weekdays and weekends are flexible. The office is located inside **The Other Side Arts 1644 Platte St. Denver, CO 80202** There is a side entrance in the alley on the SW side of the building. This is where you can park, as well.

TELEPHONE CALLS AND EMERGENCIES

Please try to make any telephone calls to me during the evening or on the weekend. If you receive my



voice mail, please leave a message and I will get back to you as soon as is feasible. Lengthy telephone consultations may be prorated and billed at my standard hourly rate for professional service.

When I am not available and you need to talk to someone, please call the 24-hour Care Crisis Line at 1-800-273-8255. In emergencies, please call 911 or go to a hospital emergency room. An emergency is generally a situation in which you are in danger of harm or have hurt yourself or someone else.

CONFIDENTIALITY AND FILES

The laws governing confidentiality can be quite complex. The attached Notice explains some specific Patient Rights that you have under the HIPAA law. We will maintain a Clinical Record file on your case, which is the property of Insight Integration. You may examine and/or receive a copy of your file *if* you request it in writing *and* the request is signed by you and dated not more than 60 days from the date it is submitted. There may be a charge for writing reports or for copying materials. In most situations, Insight Integration can release information about your treatment to others *only* if you sign a written authorization form for each release. However, I am a mandated reporter and there are a few situations where I am required to disclose information to authorities.

Your signature on this agreement is written, advance consent for the following releases of information:

- Your therapist may occasionally find it helpful to consult other health and mental health professionals about a case. During consultations, your therapist makes every effort to avoid revealing the identity of patients. The other professionals are also legally bound to keep the information confidential. The therapist will note all consultations in your Clinical Record.
- Your therapist may find it helpful to receive or exchange information with your primary care physician or other health and mental health professionals who are currently treating you. Your signature on this Agreement is written, advance consent for me to release information to these professionals. A record of any disclosures will be kept in your Clinical Record.

 Check here if do NOT wish us to release any information to other mental health and health professionals who are currently treating you.

There are some situations where Insight Integration is required to disclose information I your consent or authorization:

- If a client is clearly likely to seriously harm him/herself, we may be required to take action to prevent self-destruction.
- If there is a clear risk that a client plans to seriously harm another person, we may have a duty to warn the potential victim; or disclose the risk to appropriate public authorities.
- If a therapist suspects that abuse of a child or senior citizen may have taken place, the therapist is required to report the suspected abuse to the Department of Social and Health Services.



- If the client is a minor younger than age 13, both parents have access to the minor client's complete Clinical Record, including Psychotherapy Notes, unless there is a court order prohibiting one of the parents from access.
- If you are involved in a court proceeding and a request is made for information concerning your evaluation, diagnosis or treatment, such information is protected by the counselor-client privilege law. Insight Integration cannot provide any information without your (or your personal or legal representative's) written authorization. However, if a court **orders or subpoenas** Insight Integration Counseling and Art Therapy, LLC to disclose information, we are required by law to provide it. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order us to disclose information.
- If a client files a complaint or lawsuit against Insight Integration or any of its staff, Insight Integration may disclose relevant information regarding that patient in order to defend itself.
- If a client files a worker's compensation claim, the client must sign an authorization so that Insight Integration may release the information, records or reports relevant to the claim.
- Insight Integration may present disguised case material in seminars, classes, or scientific writings. In this situation, all identifying information and Protected Health Information is removed, and client confidentiality and anonymity is maintained.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS, AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE OF PRIVACY PRACTICES DESCRIBED ABOVE.

Client or responsible party

Date