



Pathways for Grief and Loss, Pathways

305 Carpenter Road, Fort Collins CO 80525, 970- 663-3500, Fax 970-292-1085

In order to provide our clients accurate and current information in compliance with Colorado State Law (C.R.S. 12-43-214), Pathways for Grief and Loss, Pathways offers the following disclosure.

Client Name: _____

Clinician Name: _____ (Degrees, Credentials, Licenses)

Experience, Training: _____

Below is a list description of the regulatory requirements applicable to mental health professionals. Your provider has checked the applicable license and/or certification, including the educational and training requirements.

___ A Registered Psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado, but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.

___ An Art Therapist must hold a master's degree in counseling psychology and art therapy and 1,000 hours of post-master's supervision.

___ A Certified Addiction Counselor I (CAC I) must be a high school graduate or equivalent, complete required training hours and 1,000 hours of supervised experience.

___ A Certified Addiction Counselor II (CAC II) must be a high school graduate or equivalent, complete the CAC I requirements, and obtain additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam.

___ A Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete CAC II requirements, and complete additional required training hours, 2,000 additional hours of supervised experience, and pass a national exam.

___ A Licensed Addiction Counselor must have a clinical master's degree, meet the CAC III requirements, and pass a national exam.

___ A Licensed Social Worker must hold a master's degree from a graduate school of social work and pass an examination in social work

___ A Licensed Clinical Social Worker must hold a master's or doctorate degree from a graduate school of social work, practiced as a social worker for at least two years, and pass an examination in social work.

___ A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.

___ A Licensed Marriage and Family Therapist must hold a master's or doctoral degree in marriage and family counseling, have at least two years post-master's or one year post-doctoral practice, and pass an exam in marriage and family therapy.

___ A Licensed Professional Counselor must hold a master's or doctoral degree in professional counseling, have at least two years post-master's or one year postdoctoral practice, and pass an exam in in professional counseling.

___ A Licensed Psychologist must hold a doctorate degree in psychology, have one year of post-doctoral supervision, and pass an examination in psychology.

___ A master's level intern must be attending a graduate program and directly supervised by a Licensed Practitioner: _____

Our counseling program is primarily focused on supporting people of all ages with concerns related to grief or serious illness. Issues that clients address in counseling include personal, emotional, professional, and relationship issues, among many others. Our primary approach to counseling is an integration of person-centered, mindfulness-based, and cognitive behavioral therapies. When appropriate we also use EMDR (Eye Movement Desensitization and Reprocessing) and expressive therapy techniques, including Art Therapy, Sand Play Therapy and Play Therapy. Specific details about these types of therapies will be further explained to by your therapist. You are also encouraged to ask questions and inquire about methods of therapy throughout counseling

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed clinical social workers, licensed professional counselors, and unlicensed individuals that practice psychotherapy. The agency within the department that has specific responsibility for licensed and registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Registered Psychotherapist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. We encourage you to discuss questions, concerns and treatment progress with your therapist.

Clients Rights and Information

- 1) You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if known), and the fee structure.
- 2) You can seek a second opinion from another therapist or terminate therapy at any time.
- 3) In a professional relationship (such as ours), sexual intimacy is never appropriate. If sexual intimacy occurs, it should be reported to the State Grievance Board.
- 4) Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes and the HIPAA Notice of Privacy Rights you were provided as well as other exceptions in Colorado and Federal law. 1) I am required to report any suspected incident of child or elder abuse or neglect to law enforcement; 2) I am required to report any threat of imminent physical harm by a client to law enforcement and to the person(s) threatened; 3) I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or to others, or who is gravely disabled, as a result of a mental disorder; 4) I am required to report any suspected threat to national security to federal officials; and 5) I may be required by Court Order to disclose treatment information. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: <http://www.dora.state.co.us/mental-health/Statute.pdf>.

Confidentiality

There are several additional expectations or policies regarding confidentiality at Pathways.

- First, it is expected that you will respect the confidentiality of other people you may see in the waiting room or in other areas at Pathways by not discussing their involvement in therapy with anyone else.
- Second, in order to provide the best therapy possible, staff at Pathways may occasionally consult with other professionals. These may include other therapists at Pathways, an attorney or a supervisor. The same laws regarding confidentiality apply to these other professionals as apply to your therapist.
- Third, if you are being seen for couple or family therapy your therapist will decide, based on sound clinical judgment, whether or not to reveal to others participating in the therapy anything you may have disclosed in individual sessions. Therefore, it is your decision whether or not to share "secrets" with your therapist. But, be aware that what you share with your therapist could be shared with others who are involved in your therapy with you.
- Finally, considering all of the above exclusions and upon your written request, Pathways will release otherwise confidential information about you to any agency, organization or person you specify in writing unless your therapist and/or Pathways concludes that releasing such information could be harmful. If you are receiving couple or family therapy, then information will be released only when every person participating in treatment, who is legally able to give consent, has provided written authorization to do so.
- Be advised that I will not release copies of my session notes to insurance companies, doctors or any other agency or party. I will, however, release a separate narrative if necessary upon request, only after you have signed the appropriate Release of Information form.

Client Record Retention Policy

My records regarding the treatment of adults will be kept for 7 years after treatment ends or following our last session, but I may not retain them after 7 years. My records for treatment of minors will be kept for 7 years, beginning on the last date of treatment or for 7 years beginning on the date when the minor turns 18 years of age, whichever is later.

Regarding Minor Clients:

Under Colorado law, C.R.S. 14-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. Therapy, however, proves to

NOTICE OF PRIVACY RIGHTS AND PRACTICES:

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

Pathways is committed to protecting your personal health information. Personal health information includes any information created or received by PATHWAYS during the course of/and after treatment. PATHWAYS may use your health information for purposes of providing you treatment and conducting health care operations. Your health information may be used or disclosed only after PATHWAYS has obtained your written consent. PATHWAYS has established a policy to guard against unnecessary disclosure of your health information including privileged information. The following is a summary of the circumstances under which and purposes for which your health information may be used after you have provided consent:

- **For treatment.** PATHWAYS may use your health information to coordinate care within PATHWAYS and with others involved in your care.
- **For payment.** PATHWAYS may include your health information in invoices to collect payment from third parties for the care you receive from PATHWAYS.
- **To conduct healthcare operations.** PATHWAYS may use and disclose healthcare information for its own operation in order to facilitate the function of PATHWAYS and as necessary to provide quality care.
- **For fundraising activities.** PATHWAYS may aggregate client information like age, ethnic background, etc. for grant applications.
- **To report abuse, neglect or domestic violence.** PATHWAYS is obligated to notify government authorities if PATHWAYS believes a client is the victim of abuse, neglect or domestic violence. PATHWAYS will make this disclosure only when specifically required or authorized by law or when the client wishes to initiate such a disclosure. If PATHWAYS believes that your life is in danger, we will contact necessary agencies.
- **To conduct health oversight activities.** PATHWAYS may disclose your health information to an oversight agency for activities including audits, criminal investigations, inspections, licensure or disciplinary action.
- **In connection with judicial and administrative proceedings.** PATHWAYS may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court like a subpoena, warrant or summons.

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You have certain rights regarding the health information Pathways has about you.

You have the right to:

- **Request restrictions on certain uses/disclosure of your healthcare information:** You have the right to request that we limit the way we use or disclose any part of your Protected Health Information (PATHWAYS). We are

not required to agree to a request restriction. If we do agree, we will comply with your request except when you require emergency treatment.

- **Receive confidential communications:** You have the right to request how and where we communicate with you about PATHWAYS. For example, you may request that we contact you via email. By submitting the appropriate written form, you may request alternative means of communication. We will accommodate all reasonable requests.
- **Inspect and receive a copy of your healthcare information:** In most cases, you have the right to inspect and obtain a copy of your PATHWAYS that we maintain for as long as we maintain it. You may be charged the costs for copying and mailing the information. In limited circumstances, we may deny your request. We will advise you in writing of the reasons for denial and your right to have the denial reviewed.
- **Make an amendment of your healthcare information:** You have the right to request that we amend PATHWAYS you believe to be incorrect or missing. We will not alter the original record, but will include your amendments when possible. We may deny your request under certain circumstances. We will advise you in writing of the reason for the denial and your right to submit a statement disagreeing with the denial.
- **A list of the disclosures of your healthcare information:** You have the right to obtain a list of disclosures of your PATHWAYS for purposes other than treatment, payment, health care operations, disclosures made directly to you, or where you have specifically authorized a disclosure.
- **A copy of this agreement**
- **Make a complaint:** If you believe your rights have been violated, you may file a written complaint with us by contacting our compliance officer at (970) 663-3500 or with the Secretary of the Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint.

Counselor Availability:

Pathways Grief Counselors are available Monday through Friday from 8:00 a.m. to 5:00 p.m. and can be reached by calling 970-663-3500. Depending on your particular grief counselor's business hours, you may leave a message to which he or she will respond at their earliest convenience. Because Pathways grief counselors are not available 24 hours a day, 7 days a week, if you are experiencing a mental health emergency call the State Crisis Hotline 844-493-8255, the Crisis Assessment Center (970) 494-4200 for Larimer and (970-347-2120) for Weld County, police (911) or go immediately to the nearest emergency room.

CLIENT SIGNATURE, ACKNOWLEDGEMENT, AGREEMENT, AND CONSENT

You will be asked to sign this form below to indicate your informed consent to receive professional therapy services through Pathways. Any child under the age of 15 must have a parent or legal guardian consent to the mental health services to be provided. Any child 15 years of age or older may sign this form and consent to mental health services without the consent of a parent or legal guardian. If you are a parent or legal guardian who is consenting to the mental health services, the required disclosures shall be made to you. If you are a child 15 years of age or older, and you are consenting to mental health services, the required disclosures shall be made to you.

I have read the preceding information and understand my rights as a client. I have been informed of my therapist's degrees, credentials and license. By signing below, I acknowledge my understanding and agree to all the terms discussed in this disclosure statement. I also affirm, by signing this form, that I am the legal guardian and/or custodial parent with legal right to consent to treatment for any minor child or children for whom I am requesting psychotherapy services here at Pathways. I also acknowledge that I have been offered a copy of this Disclosure Statement and Notice of Privacy Rights and Practices. This Disclosure Statement will be automatically revoked one year after signing in compliance with HIPAA guidelines.

Print Client's Name

Client, Parent or Guardian Signature

Date

Therapist Signature

Date

Check if you would like a copy of this document provided to you.

If signed by a Responsible party, please state relationship to client and authority to provide consent:

