

Professional Disclosure and Consent for Mental Health Treatment

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Website:

Degrees and Credentials

BA, 1993, University of North Dakota

MA, 1995, University of Colorado at Denver

LPC – Licensed Professional Counselor #1931

LMFT – Licensed Marriage and Family Therapist #460

Therapy/Counseling

It is my hope that the professional relationship between you and Ms. Fedor will be one in which you receive the maximum benefit from therapy. Psychotherapy can be tremendously beneficial. However, it is important to understand that therapy may also involve some risks. These may include experiencing intense or uncomfortable feelings such as sadness, anger, guilt, fear, or anxiety. Therapy may also involve recalling difficult or painful experiences and exploring thoughts, feelings, relationships, or patterns that may be challenging.

These experiences can be a natural and important part of the therapeutic process.

Therapy is tailored to the individual needs and goals of each client. Services may include individual, couples, or family therapy with adult/adolescent clients, depending upon the concerns being addressed. Therapy is a collaborative process, and you are encouraged to discuss any questions, concerns, discomfort, or changes you experience during the course of treatment.

Confidentiality & Client Rights

Information you share with Ms. Fedor during therapy is confidential and will not be disclosed without your written authorization except as permitted or required by law. This includes, to the extent provided by law, the fact that you are receiving therapy services.

Ms. Fedor may participate in professional consultation with other licensed mental health professionals when consultation may assist in providing effective treatment. Reasonable efforts will be made to protect your identity, and consulting professionals are expected to maintain confidentiality.

Your health information is also protected under the Health Insurance Portability and Accountability Act (HIPAA). You will be provided with a Notice of Privacy Practices describing how your protected health information may be used or disclosed for treatment, payment, and health care operations, as well as your rights regarding your health information.

Adolescent Clients: Ms. Fedor occasionally provides therapy to older adolescents. Colorado law allows minors age 12 and older, under certain circumstances, to seek and receive outpatient psychotherapy with or without the consent of a parent or legal guardian. When working with an adolescent, privacy is an important part of establishing an effective therapeutic relationship. When appropriate, Ms. Fedor encourages healthy communication between adolescents and their parents or guardians while also respecting the adolescent's confidentiality and privacy as provided by law.

There are circumstances in which confidentiality may be limited or disclosure may be permitted or required by law. These may include suspected abuse or neglect of a child or at-risk adult, certain threats of serious harm to yourself or another person, and other circumstances in which disclosure is legally required or authorized.

If collection services are necessary for an unpaid account, limited information necessary to collect the debt may be disclosed as permitted by law.

Rates

Counseling/therapy sessions are by appointment only. One “clinical” hour consists of 50 minutes in session and 10 minutes for the therapist to complete the progress note. The rate for individual therapy is \$160 per session, and the rate for couples and family therapy is \$175 per session.

Payment may be made by cash, check, or credit card.

Credit Card Payments: Credit and debit card payments are processed securely through Ivy Pay, a HIPAA-secure payment service designed for therapists. If you choose this payment method, you will receive a secure invitation from Ivy Pay to enter your credit, debit, HSA, or FSA card information. Your card can then be kept securely on file for payment of therapy services.

Anthem Blue Cross Blue Shield insurance is accepted. When using insurance, your insurance plan will be billed and you are responsible for any applicable copay, coinsurance, or deductible. These amounts may be paid through Ivy Pay, by check, or in cash.

A fee of \$100 is charged for missed and canceled appointments with less than 24 hours’ notice. No cancellation fee will be charged if: (1) you are ill, (2) you have an emergency, or (3) driving conditions are hazardous due to inclement weather.

Legal Proceedings and Court Involvement

My role is to provide psychotherapy and not to serve as a forensic evaluator or expert witness. If I am asked or required to participate in a legal matter involving your treatment, I will make reasonable efforts to protect your confidentiality and privilege in accordance with applicable Colorado law and professional ethical requirements.

Time spent on legal matters—including communication with attorneys/involved parties, record review, preparation, depositions, travel, waiting time, and testimony—is billed at \$300 per hour. Court appearances and depositions have a four-hour minimum (\$1,200). These fees are not billed to insurance and are the client's responsibility unless another payment arrangement has been made in writing.

Because legal proceedings may require me to remain available or on call for extended periods, fees also apply to time that must be reserved from my clinical schedule and during which I am unable to see clients, regardless of the amount of time I ultimately spend testifying. Court appearances and depositions canceled with less than two business days' notice may be charged the four-hour minimum fee due to the time reserved for the legal matter.

A subpoena does not necessarily authorize me to release confidential information. I will respond to subpoenas and other legal requests in accordance with applicable Colorado law and professional ethical requirements.

Referrals, Complaints, & Informed Consent

You are entitled to receive information from Ms. Fedor regarding the methods and techniques used in therapy, the anticipated duration of therapy, if known, and the fee structure. You have the right to seek a second opinion from another mental health professional or to terminate therapy at any time.

A positive therapeutic relationship is an important part of treatment. If at any time you feel that Ms. Fedor may not be a good therapeutic match for you or you have concerns about your treatment, you are encouraged to discuss those concerns with her. When appropriate, Ms. Fedor will work with you to address your concerns or adjust the therapeutic approach. If you decide that another therapist would better meet your needs, you may discontinue therapy at any

time, and referrals to other mental health professionals will be provided upon request.

In a professional therapeutic relationship, sexual intimacy between a therapist and client is never appropriate and should be reported to the board that licenses, registers, or certifies the mental health professional.

The practice of licensed mental health professionals in Colorado is regulated by the Colorado Department of Regulatory Agencies (DORA), Division of Professions and Occupations. Questions, concerns, or complaints regarding professional conduct may be directed to the appropriate regulatory board:

Colorado Department of Regulatory Agencies
Division of Professions and Occupations
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: 303-894-7800

Record Retention: Please be advised that your clinical records may not be maintained after seven years, in accordance with Colorado law.

Consent for Therapy

Please sign below to acknowledge that you have read and understand the information contained in this disclosure statement and have had the opportunity to ask questions or request clarification. Your signature indicates your informed consent to participate in therapy with Ms. Fedor and your agreement to the policies, fees, and payment terms described in this document.

By signing below, you also acknowledge that you have received or been provided access to the Notice of Privacy Practices (HIPAA) and understand your rights regarding the privacy and use of your health information.

For adolescent clients: When a parent or legal guardian is providing consent for treatment, the parent or guardian signing below represents that they have the legal authority to consent to the adolescent's treatment. When an adolescent is legally authorized to consent to their own psychotherapy services under

Colorado law, the adolescent's signature constitutes consent to treatment.
Colorado law specifically addresses disclosure to the minor when the minor is
the person consenting to mental-health services.

**I acknowledge that I have read, understand, and agree to the terms of this
disclosure and consent to therapy:**

Client Signature

Printed Name

Date

If applicable:

Parent/Legal Guardian Signature

Printed Name and Relationship to Client

