

KELSEY VINCENT PSYCHOTHERAPY

Marriage and Family Therapist Candidate, #MFTC.0013843

THERAPEUTIC SERVICES AGREEMENT AND CONSENT TO TREATMENT

The following information is provided to you so that you can fully understand your rights as a client. This information is essential for helping to establish the understanding and trust essential for a therapeutic relationship. Please read this document carefully as it includes important information regarding my practice, my policies, and how your mental health information can be used and disclosed. You may discuss any questions or concerns you have with me at any point, but know that after you have signed the enclosed consent to treatment, it will constitute a legally binding agreement between us that you have read, understood, and agreed to the following information.

EXPLANATION OF THERAPEUTIC SERVICES:

- ❖ “Therapy” is the collaborative process of discussing your history and your current situation in order to recognize how each of these affects you and your relationships with others. With this increased understanding, you can then better manage and reconcile troublesome differences in your relationships and ultimately reduce repeating patterns of distress in your life. As a therapist, it is my job to both listen and ask questions in order to help facilitate this increased understanding. While I promise to be engaged in and committed to your progress, therapy requires that you be honest, open, and actively participate in order to achieve your desired changes.
- ❖ Therapy can have both benefits and risks. Therapy can often lead to better relationships, reductions in feelings of distress, and an improved sense of overall well-being. During the process of therapy, however, things may temporarily get worse before they get better. This is a natural part of the therapeutic process. Engaging in therapy often includes thinking about and discussing sensitive topics and unpleasant experiences, which can sometimes result in considerable emotional discomfort. It is important for you to know that, while there is an expectation you will benefit from therapy, there can be no guarantee that this will occur. Furthermore, change is rarely linear, and it can feel at times as though things are progressing slowly or not at all. If at any point you feel as though therapy has reached its limit for usefulness, I encourage you to discuss this with me so that we can decide together if it is appropriate to end therapy.
- ❖ In general, therapy takes place once a week and lasts for 50 minutes. Depending on your specific situation, however, the length and frequency of appointments can be adjusted to meet your needs.
- ❖ I am a registered Marriage and Family Therapist Candidate in the state of Colorado (#MFTC.0013843). My graduate training includes a Master’s Degree in Marriage and Family Therapy from Regis University. As a candidate for licensure, my work is

supervised by a state approved supervisor named Joanna Sturhahn Stratton, PhD LMFT, LP, jstratto@regis.edu, 500 E 84th Ave. Thornton, CO 80229. To ensure that I provide the best service possible, I meet regularly with this supervisor to review my therapeutic work.

Regulations of Therapists in Colorado: The Colorado Department of Regulatory Agencies has the responsibility of regulating the practices of licensed psychologists, licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, certified school psychologists, and unlicensed individuals practicing psychotherapy. Specifically, the practice of Marriage and Family Therapist Candidates is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The Board of Marriage and Family Therapist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, 303-894-7800. There are different levels of regulation for each psychotherapy profession. These include Licensing (this requires a minimum level of education, experience, and examination qualifications), Certification (this requires a minimum level of training, experience, and sometimes examination qualifications), and Registered Psychotherapist (this does not require a minimum level of education, experience, or examination qualifications). The regulatory requirements for practicing Marriage and Family Therapists are as follows: A Licensed Marriage and Family Therapist (LMFT) must hold a Master's Degree in Marriage and Family Therapy and have two years of post-masters work under the supervision of a state approved supervisor. A Marriage and Family Therapist Candidate (MFTC) must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.

Please note that in professional relationships, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant, or certificate holder.

CLIENTS RIGHTS:

You are entitled to receive information about my methods of therapy, the expected length of therapy (if known), and my fees for therapeutic services. For information not detailed in this document or to know more about these topics, please ask for further explanation.

You may end therapy at any time without any additional financial obligation other than what is owed for services already provided. You may also seek a second opinion from another therapist at any time. If you decide not to continue therapy with me, I will assist you in identifying another local therapist you may work with.

Therapy may result in decisions and changes that are positive for one family member, but that are viewed negatively by another. At all times, it is your decision whether or not to

pursue a change. It is your responsibility alone to make decisions regarding relationships like cohabitation, marriage, divorce, separation, reconciliation, custody, etc.

CONFIDENTIALITY:

Generally speaking, the information provided by and to a client during therapy sessions is legally confidential and cannot be released without the client's consent. This means that I will not share any information about your services, including the fact that you are working with me, without your explicit written permission. There are exceptions to this confidentiality. Some of these exceptions are listed in Section 12-43-218 of the Colorado Revised Statutes, some are in the HIPAA Notice of Privacy Rights you have received, and some are found in Colorado and Federal laws.

To sum, these exceptions to confidentiality are:

- ❖ If there is reasonable suspicion of abuse/neglect to a child, adult dependent, or elder. As a mandated reporter I must report any suspected child abuse/neglect to child welfare authorities and suspected adult dependent or elder abuse/neglect to law enforcement.
- ❖ If there is serious threat that you may harm yourself or another person, or may commit suicide.
- ❖ If I am ordered by a court of law.
- ❖ If you are a threat to national security. I am required to report this to federal officials.
- ❖ As a part of my supervision, I will be sharing information about your case with my supervisor in order to receive feedback on my work. My supervisor is bound by the same requirements for confidentiality as I am.

COURT PROCEEDINGS AND CUSTODY LITIGATION:

Please know that I will not voluntarily become involved in court proceedings. If you are involved in a divorce or custody litigation, you should know that as a therapist I cannot make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in the litigation. Only court appointed experts, investigators, or evaluators can make recommendations to the court on disputed issues concerning parental responsibilities and parenting plans. What is more, experience has shown that testimony by therapist in domestic cases causes damage to the clinical relationship between a therapist and a client. By signing this consent to treatment, you agree not to call me as a witness in any such litigation. Signing this consent to treatment also indicates that you understand that if for some reason I am required to testify in court on your behalf, you will be billed for double my standard hourly rate for any time I spend preparing for or attending court proceedings (\$330/hr). This includes time spent preparing reports, corresponding with your legal representation, travel time, phone calls lasting over 10 minutes, and time spent in court.

CONTACTING ME:

Because of the nature of my therapeutic services, I am not immediately available by telephone. This being said, you may call my phone at 720-815-5518 and leave a message on my confidential voicemail at any time. To the best of my ability, I will try to return all communication (telephone and email) no later than the following business day. After business hours, on weekends, holidays, or when I am away on vacation, I will not be available to check messages or return phone calls. Messages left after these times will be returned as soon as I am back to work. Please note that therapeutic phone calls lasting over 10 minutes will be billed pro-rated at my standard hourly rate.

EMERGENCIES:

Please understand that I cannot provide emergency care or crisis services. If you need to talk to someone immediately and you are having an emergency, you need to **call 911** or the 24-hour Colorado Crisis Services at **1-844-493-8255**, or text “TALK” to 38255 or **go to your nearest hospital emergency room.**

FEES AND PAYMENTS:

Therapy services are provided at the rate of \$165 for each therapy hour (50 minutes). I also offer an extended session at \$225 for 80 minutes. Fees are due at the conclusion of each session. These fees are subject to change with appropriate notice. Additional fees will be charged for services provided outside the regularly scheduled therapy services (i.e. consultation with other professionals, preparation of reports, phone calls lasting over 10 minutes, or time spent in court on your behalf). Please refer to the “COURT PROCEEDINGS AND CUSTODY LITIGATION” and the “CANCELLATION POLICY” sections of this service agreement for details regarding these additional fees for service. Regarding forms of payment, I accept cash, check, or card. I do not bill insurance companies for services.

CANCELLATION POLICY:

Remember that the time for your session is set aside specifically for you and that late cancellation or not showing up for an appointment prevents me from scheduling someone else in your time slot. If you fail to appear for a scheduled appointment or you do not cancel with at least 24-hour notice of your appointment, you will be charged the standard fee for that appointment. Exceptions will be made for emergencies or inclement weather. Thank you for providing advanced notice when you need to change an appointment.

HIPAA PRIVACY RIGHTS:

The following is summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protection and patient rights with regard to the use and disclosure of your Protected Health Information (PHI)

used for the purpose of treatment, payment, and health care operations. These rights include requesting that your psychotherapist amend your record; requesting restrictions on what information from your Clinic Record is disclosed to others; receiving confidential communications by alternate means at alternative locations; requesting an accounting of most disclosures of PHI that you have neither consented to or authorized; determining the location to which protected information disclosures are sent; and having any complaints you make about policies and procedures recorded in your record. HIPAA requires that health care professionals provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment and health care operations. This Notice explains HIPAA and its application to PHI in greater detail. You are being provided a paper copy of this Services Agreement and a separate notice of the Notice of Privacy Practices for your records.

Consent to Treatment: By signing below, I give my informed and voluntary consent to enter therapy with Kelsey Vincent, MA, MFTC, and acknowledge that I have read and understood all of the information detailed in the preceding sections of this service agreement. I also acknowledge that this information has been provided to me verbally, that I have had an opportunity to ask questions regarding this information, and that my questions have been answered with satisfaction. Furthermore, I acknowledge that I have received a copy of this Therapeutic Services Agreement and Consent to Treatment.

Client Signature

Date

[Remainder of Page Left Intentionally Blank]