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COLORADO PSYCHOTHERAPY DISCLOSURE STATEMENT AND PSYCHOLOGICAL SERVICES AGREEMENT

Welcome to my practice. This document (the Agreement) contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new 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. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information at the end of this session. Although these documents are long and sometimes complex, it is very important that you read them carefully before our next session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you are experiencing. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. Therapy is a collaborative venture. You are strongly encouraged to share your questions, concerns, worries and complaints. At times, failure to adequately discuss these issues may obstruct progress. You may terminate therapy at any time, though please discuss your reasons for doing so, for it may relate to the above-mentioned information.

MEETINGS

The first two sessions are a full hour each. These sessions are considered the intake evaluation assessment. During this time, we can both decide if I am the best person to provide the services you need to meet your treatment goals. Following this, I typically schedule one 45-minute "therapy hour" session per week at an agreed time. 60-minute sessions are also available. Please note: I require a minimum of 24 hours' notice to cancel or reschedule your appointment without a fee. **You will be charged \$95.00 if you cancel or postpone your appointment for any reason with less than 24 hours' notice. If you do not show up for your appointment or cancel after your appointment time has started, you will be charged the full cost of your scheduled appointment.** Fees for late cancellations and "no-shows" will be charged to your credit card on file.

I am always available to meet virtually if you are unable to meet at my office.

PROFESSIONAL FEES

My fee for a 45-minute “therapy hour” is **\$175.00**. I charge **\$225.00** for a 60-minute therapy hour. The first 2 sessions are each billed at **\$225.00**. They are a full hour and are considered intake assessments. In addition to weekly appointments, I charge the same amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge **\$275.00** per hour. I also require a retainer of \$ 4,000 due in advance. If the case is reset with notice of less than 72 business hours, the client will be charged a fee of 1,500. Clients are discouraged from having their therapist subpoenaed. Signing an affidavit is preferred.

CONTACTING ME

Due to my work schedule, I am often not immediately available by telephone. While I am usually in my office between 9 AM and 5 PM Monday-Thursday, I will not answer the phone when I am with a client. If you need to reach me for non-emergent reasons outside of our scheduled sessions, please call my office phone number at (970) 875-4755 and leave a voice mail. I regularly monitor my voice mail between sessions and I will return your call as soon as I can, generally within 24 hours. Phone calls will usually be returned during regular business hours. I do not generally return phone calls evenings, nights or weekends or when I am on vacation. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. A 24/7 crisis hotline number will also be left on my voicemail if I am away for an extended time.

You can also contact me by email at lauriecrider@me.com or text me at (970) 875-4755 regarding simple scheduling or billing issues. Please do not use text/email messages for urgent messages or clinical issues. If you don't hear back from me please call my voice mail and listen to the message as I may be away. Text messages don't offer vacation notification. I strive to return all texts and emails during business hours and as quickly as possible, generally within 24 hours. Please be advised that I cannot assure confidentiality when you communicate through electronic means.

EMERGENCIES

Please be aware that I provide non-emergency face-to-face psychotherapy services by scheduled appointment. As a solo practitioner in independent practice, I am unable to provide extensive or ongoing emergency care. If you believe that you will need frequent emergency attention between scheduled sessions, please discuss with me immediately so that I can refer you to a provider who can better serve your needs. If I believe your psychotherapeutic issues are outside of my scope of practice, I am legally required to consult, refer or terminate treatment.

If you are having suicidal thoughts or making plans to harm yourself please talk with me about it. In the event of a life-threatening emergency, do not attempt to reach me before contacting emergency services for help. Please call **911** or go to the nearest emergency room for immediate assistance. In addition, **Colorado's Suicide Prevention Hotline number is 1-844-493-8255. The hotline offers free 24-hour support.** Email is never an appropriate way to contact me in the event of an emergency as I cannot control when I receive your email.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a psychologist. In most situations, I can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together. I will note all consultations in your Clinical Record (which is called "PHI" in my Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information).
- If you can't make your appointment in person and request to have a videoconference, I sometimes use FaceTime. While it reports end-to-end encryption, it isn't a commercial product so they don't offer a business agreement and I cannot guarantee your confidentiality.
- If a client threatens to seriously harm himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

There are some situations where I am permitted or required to disclose information without either your consent or Authorization:

- If I am directed by a judge in a court of law to reveal information, then I must do so. However, if you are involved in a court proceeding and a request is made for information concerning my professional services, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your written authorization, or a court order. If you are involved or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, I am required to provide it for them.
- If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.
- If a client files a worker's compensation claim, I am required to submit a report to the Workers' Compensation Division.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a client's treatment. These situations are unusual in my practice.

- * If I have reasonable cause to know or suspect that a child/adolescent client under 18 has been or may be abused or neglected (including physical injury, substantial threat of harm, mental or emotional injury, or any kind of sexual contact or conduct), or that a child is a victim of a sexual offense, the law requires that I file a report with the appropriate governmental agency. Once such a report is filed, I may be required to provide additional information.
- * If I have reasonable cause to believe that an at-risk adult such as an elderly or disabled person has been or is at imminent risk of being mistreated, self-neglected, or financially exploited, the law requires that I file a report with the appropriate governmental agency. Once such a report is filed, I may be required to provide additional information
- * If a client communicates a serious threat of imminent physical violence against a specific person or persons, I must make an effort to notify such person; and/or notify an appropriate law enforcement agency; and/or take other appropriate action including seeking hospitalization of the patient.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. Except in unusual circumstances that involve danger to yourself and others or where information has been supplied to me confidentially by others, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most situations, I am allowed to charge a copying fee (and for certain other expenses). If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request.

CLIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures. I am happy to discuss any of these rights with you.

MINORS & PARENTS

In order to treat your child/adolescent, it is important that all parents/legal guardians are informed and approve of treatment. In the treatment of individuals under the age of 18, it is my practice to invite parents or legal guardians to meet with me in order to collect information that may be helpful to your son's or daughter's care. You are also welcome to attend the first 10 minutes of a session in order to report any information you feel I should know. Please do not give me information that you do not want me to share with your son or daughter. If you feel it is pertinent that I know something that hasn't been shared with him or her, please alert me as to discuss this topic further. At times, you may be invited to participate in a session. If the issue appears to require more intensive family therapy, I will be happy to make an additional referral to a family therapist.

Clients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records. However, because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is my policy to request an agreement from the child's parent(s)/ guardian(s) that they consent to give up access to their child's records. If they agree, during treatment, I will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. Any other communication will require the child's authorization unless I learn of activity which poses a clear and present danger of immediate and severe risk to the child's health/safety (e.g., being involved in drunk driving, using I.V. drugs) or if he or she is a danger to someone else; in these cases, I will inform parent(s)/guardian(s). Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

BILLING AND PAYMENTS

I am considered an out-of-network provider with all insurance companies. If you have out-of-network mental health benefits you may be able to be reimbursed for a percentage based on your plan. Please contact your insurance directly if you have any questions about your out-of-network coverage. You will be expected to pay me directly for each session at the time it is held. If you would like to access your out-of-network benefits, I am happy to provide you with an insurance reimbursement form called a "Superbill" at the end of each month. However, I will not become involved in disputes between you and your insurance company. Ultimately, you are responsible for the timely payment of your account.

Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment. A service fee will be assessed for all returned checks, typically \$35.00.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. If such collection action is necessary a 25% charge may be added to your bill in order to recover the cost of this service.

COLORADO MANDATORY DISCLOSURE STATEMENT

1) Legal Name: Laureen M. Crider-Roina Education: I received my Doctorate in Clinical Psychology (Psy.D) from Nova Southeastern University School of Psychology in 1999. I also hold a MA degree in Psychology from Nova Southeastern University School of Psychology, which was granted in 1995. I received my Bachelor of Arts Degree from the University of North Carolina at Greensboro in 1991. I am a licensed clinical psychologist in the state of Colorado My Colorado License number is PSY.0004231. My office location 419 Oak Street, Steamboat Springs, CO. I receive mail at PO Box: 770575, Steamboat Springs, CO 80477. My office phone number is (970) 875-4755.

2) The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Colorado State Department of Regulatory Agencies. The Department's Mental Health Grievance Board is located at: 1560 Broadway, Suite 1350, Denver, Colorado, 80202. (303) 894-7766.

3) You are entitled to receive information about the methods of therapy, the techniques used, the expected duration of therapy if I can determine it, and my fee structure. You may seek a second opinion from another therapist or may terminate therapy at any time.

4) Exploitative relationships and sexual intimacy are never appropriate in a professional relationship and should be reported to the Grievance Board. Sexual intimacy is also illegal and should be reported to the State Grievance Board at the address and phone number listed above.

5) The information provided by the client during therapy sessions is legally confidential, except as provided in section 12-43-218 and except for certain legal exceptions that will be identified should any such situation arise during therapy.

Your signature below indicates that you have read and understand the above information included in the Colorado Psychotherapy Disclosure Statement and Psychological Services Agreement and agree to its terms. Your signature also serves as an acknowledgement that you have received the HIPPA notice form described above.

Client Signature

Date

Parent or guardian (if applicable)

Date

Laurie Crider, PsyD, PLLC

Date