

CHERRY CREEK PSYCHOTHERAPY, LLC
PATRICK THOMAS COLE, MSW, LCSW

**HIPAA INFORMED CONSENT/
HIPAA NOTICE OF PRIVACY PRACTICES**

THANK YOU FOR CHOOSING CHERRY CREEK PSYCHOTHERAPY, LLC, PATRICK THOMAS COLE, MSW, LCSW. TODAY'S APPOINTMENT WILL TAKE APPROXIMATELY 50 MINUTES. WE REALIZE THAT STARTING COUNSELING IS A MAJOR DECISION AND YOU MAY HAVE QUESTIONS. THIS DOCUMENT IS INTENDED TO INFORM YOU OF OUR POLICIES, STATE AND FEDERAL LAWS AND YOUR RIGHTS. IF YOU HAVE OTHER QUESTIONS OR CONCERNS, PLEASE ASK AND WE WILL TRY OUR BEST TO GIVE YOU ALL THE INFORMATION YOU NEED. PATRICK T. COLE, MSW, LCSW HAS EARNED HIS BACHELOR OF ARTS DEGREE FROM THE UNIVERSITY OF ARIZONA AND A MASTERS DEGREE IN SOCIAL WORK FROM THE UNIVERSITY OF DENVER. HE IS LICENSED BY THE STATE OF COLORADO AS A LICENSED CLINICAL SOCIAL WORKER. HE HAS OVER 15 YEARS EXPERIENCE IN TREATING ADOLESCENTS, ADULTS AND FAMILIES USING INDIVIDUAL, GROUP AND FAMILY THERAPY. PATRICK PRACTICES PRIMARILY STANDARD COGNITIVE/DIALECTICAL-BEHAVIOR THERAPY FOR MOST CONDITIONS. ALTHOUGH OTHER TREATMENT APPROACHES (RELATIONAL/ PSYCHODYNAMIC) ARE USED DEPENDING ON THE PERSON OR THE CONDITION. TREATMENT PRACTICES, PHILOSOPHY AND PLAN LIMITATIONS AND RISKS WILL BE DISCUSSED WITH YOU TODAY.

CONFIDENTIALITY AND EMERGENCY SITUATIONS

YOUR VERBAL COMMUNICATION AND CLINICAL RECORDS ARE STRICTLY CONFIDENTIAL EXCEPT FOR: A) INFORMATION SHARED WITH CONSULTANTS, B) INFORMATION (DIAGNOSIS AND DATES OF SERVICE) SHARED WITH YOUR INSURANCE COMPANY TO PROCESS YOUR CLAIMS, C) INFORMATION YOU AND/OR YOUR CHILD OR CHILDREN REPORT ABOUT PHYSICAL OR SEXUAL ABUSE; THEN, BY COLORADO STATE LAW, I AM OBLIGATED TO REPORT THIS TO THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES, D) WHERE YOU SIGN A RELEASE OF INFORMATION TO HAVE SPECIFIC INFORMATION SHARED AND E) IF YOU PROVIDE INFORMATION THAT INFORMS ME THAT YOU ARE IN DANGER OF HARMING YOURSELF OR OTHERS F) INFORMATION NECESSARY FOR CASE SUPERVISION OR CONSULTATION AND H) OR WHEN REQUIRED BY LAW. IN THE UNLIKELY EVENT THAT I AM UNABLE TO PROVIDE ONGOING SERVICES, I WILL PROVIDE THE APPROPRIATE REFERRALS TO THE APPROPRIATE PROVIDERS AT SUCH TIME. IF AN EMERGENCY SITUATION ARISES FOR WHICH THE CLIENT OR THE GUARDIAN FEELS IMMEDIATE ATTENTION IS NECESSARY, THE CLIENT OR GUARDIAN UNDERSTANDS THAT THEY ARE TO CONTACT THE EMERGENCY SERVICES IN THE COMMUNITY (911) FOR THOSE SERVICES. PATRICK THOMAS COLE WILL FOLLOW THOSE EMERGENCY SERVICES WITH STANDARD COUNSELING AND SUPPORT TO THE CLIENT OR THE CLIENT'S FAMILY.

FINACIAL/INSURANCE ISSUES

ALL CLIENTS OF CHERRY CREEK PSYCHOTHERAPY, LLC AND PATRICK COLE, LCSW, ARE EXPECTED TO PAY FOR THERAPY SERVICES AT THE TIME SERVICES ARE RENDERED, OR UNLESS OTHERWISE ARRANGED. AT THIS TIME, CHERRY CREEK PSYCHOTHERAPY, LLC/PATRICK COLE, LCSW, DOES NOT BILL INSURANCE COMPANIES DIRECTLY. THERE MAY BE A FEW EXCEPTIONS SO PLEASE CONFER WITH YOUR THERAPIST REGARDING THIS MATTER. PATRICK COLE, LCSW MAY APPEAR ON YOUR INSURANCE PANEL, AND WILL HONOR THE CONTRACTED RATE PER YOUR INSURANCE POLICY. PATRICK COLE, LCSW WILL PROVIDE YOU WITH TIMELY PAID INVOICES SO THAT YOU MIGHT SUBMIT

CHERRY CREEK PSYCHOTHERAPY, LLC

THEM FOR REIMBURSEMENT FROM YOUR INSURANCE COMPANY. PLEASE REFER TO THE NOTICE OF BILLING FORM FOR CURRENT OR AGREED UPON FEES. AFTER 30 DAYS, ANY UNPAID BALANCES WILL BE CHARGED A 1.5% INTEREST PER MONTH (18% APR). IN THE EVENT WHERE AN ACCOUNT IS OVERDUE AND TURNED OVER TO A COLLECTION AGENCY, THE CLIENT OR RESPONSIBLE PARTY WILL BE HELD RESPONSIBLE FOR ANY COLLECTION FEE CHARGED TO CHERRY CREEK PSYCHOTHERAPY, LLC TO COLLECT THE DEBT OWED. I HAVE RECEIVED A COPY OF MY FEE SCHEDULE AS INDICATED ON THE BILLING FORM PROVIDED TO ME AT THE FIRST APPOINTMENT.

IF YOU NEED TO CANCEL OR RESCHEDULE AN APPOINTMENT, PLEASE GIVE 24 BUSINESS HOURS ADVANCE NOTICE, OTHERWISE YOU WILL BE BILLED AT THE HOURLY RATE. WE SINCERELY APPRECIATE YOUR COOPERATION AND IF, AT ANY TIME, YOU HAVE ANY QUESTIONS REGARDING INSURANCE, FEES, BALANCES OR PAYMENTS PLEASE FEEL FREE TO ASK. YOU MAY HAVE A COPY OF THIS FORM IF REQUESTED.

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

CHERRY CREEK PSYCHOTHERAPY, LLC AND PATRICK T. COLE HAS BEEN AND WILL ALWAYS BE TOTALLY COMMITTED TO MAINTAINING CLIENTS' CONFIDENTIALITY. WE WILL ONLY RELEASE HEALTHCARE INFORMATION ABOUT YOU IN ACCORDANCE WITH FEDERAL AND STATE LAWS AND ETHICS OF THE COUNSELING PROFESSION.

THIS NOTICE DESCRIBES OUR POLICIES RELATED TO THE USE AND DISCLOSURE OF YOUR HEALTHCARE INFORMATION.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION IS FOR THE PURPOSE OF THE PROVIDING SERVICES. PROVIDING TREATMENT SERVICES, COLLECTING PAYMENT AND CONDUCTING HEALTHCARE OPERATIONS ARE NECESSARY ACTIVITIES FOR QUALITY CARE. STATE AND FEDERAL LAWS ALLOW US TO USE AND DISCLOSE YOUR HEALTH INFORMATION FOR THESE PURPOSES.

TREATMENT

WE MAY NEED TO USE OR DISCLOSE HEALTH INFORMATION ABOUT YOU TO PROVIDE, MANAGE OR COORDINATE YOUR CARE OR RELATED SERVICES. THIS COULD INCLUDE CONSULTANTS AND POTENTIAL REFERRAL SOURCES.

PAYMENT

YOU ARE RESPONSIBLE FOR THE COST OF EACH SESSION AND/OR GROUP. YOU WILL BE PROVIDED A RECEIPT OF PAYMENT, WHICH YOU MAY SUBMIT TO YOUR INSURANCE COMPANY. YOU ARE RESPONSIBLE FOR DETERMINING IF THE SERVICES PROVIDED ARE COVERED BY YOUR INSURANCE PLAN.

*OTHER USES OR DISCLOSURES OF YOUR INFORMATION WHICH DO NOT REQUIRE YOUR CONSENT THERE ARE SOME INSTANCES WHERE WE MAY BE REQUIRED TO USE AND DISCLOSE INFORMATION WITHOUT YOUR CONSENT. FOR EXAMPLE (BUT NOT LIMITED TO): INFORMATION YOU AND/OR YOUR CHILD OR CHILDREN REPORT ABOUT PHYSICAL OR SEXUAL ABUSE; THEN BY COLORADO STATE LAW, WE ARE OBLIGATED TO REPORT THIS TO THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES. INFORMATION

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PROVIDED BY YOU THAT INFORMS US THAT YOU ARE IN DANGER OF HARMING YOURSELF OR OTHERS, OR IF YOUR MINOR CHILD IS IN DANGER OF SELF/OTHER HARM. INFORMATION TO REMIND YOU ABOUT OR TO RESCHEDULE APPOINTMENTS OR TREATMENT ALTERNATIVES. INFORMATION SHARED WITH LAW ENFORCEMENT IF A CRIME IS COMMITTED ON OUR PREMISES OR AGAINST OUR STAFF OR AS REQUIRED BY LAW SUCH AS A SUBPOENA OR COURT ORDER.

PRINTED NAME

RELATIONSHIP TO CLIENT

CLIENT OR RESPONSIBLE PARTY SIGNATURE

DATE