

Southwest Counseling Associates  
Monica Remley, PA-C  
141 West Davies Avenue  
Littleton, Colorado 80120  
303.730.1717 ext 222

## DISCLOSURE AND CONSENT FORM

Thank you for deciding to seek care at Southwest Counseling Associates. SCA is committed to quality time-effective treatment for individuals, couples, and families regardless of age, race, sex, or religious affiliation. SCA staff members are committed to the patient's rights for information regarding office policy, non-discrimination, confidentiality, consent and competent service.

### PAYMENT POLICY

Our policy is for each person receiving psychiatric care (a diagnostic evaluation, medication management, or psychotherapy) or testing services to pay for such service **at the time the professional services are rendered**. Any other arrangements **must be made in advance**. **A \$35 administrative fee will be charged on all checks that are returned for non-sufficient funds.**

Our fees are based on **the service you are requesting**. SCA's physician assistant is **Monica Remley, PA,C.** and fees are: \$210.00 - Initial Visit; \$160.00 - Medication Check and Therapy (60 min); \$140.00 - Medication Check and Therapy (45 min); \$125.00 - Medication Check and Therapy (30 min). Phone consultations are the patient's responsibility and are billed in 15-minute increments. All calls over five minutes will be billed accordingly.

If there are expenses due to legal action leading a provider or the physician assistant to consult with our attorneys, the patient will be responsible for all fees, including but not limited to phone calls, written reports, or court appearances.

**Please note: If the physician assistant refers you for further testing; Charges for testing services and educational resources are in addition to the regular per-session fee. Frequently these charges are not covered by insurance and therefore are the client's responsibility.**

### REGULATION OF PSYCHOTHERAPY

The practice of both licensed and unlicensed persons in the field of psychotherapy and psychiatric care is regulated by the Colorado State Department of Regulatory Agencies. **The Department of Regulatory Agencies, Mental Health may be contacted at 1560 Broadway, Suite 1340, Denver, Colorado 80202, (303) 894-7766. You are entitled to receive information from your provider about his/her methods of treatment, the techniques he/she uses and the estimated duration of therapy. Please ask if you would like to receive this information. You may, at any time, seek a second opinion from another psychiatrist/provider and/or may terminate therapy.**

Colorado law requires that any individual seeking any psychotherapy/counseling services must be informed that sexual contact between patient and provider is not a part of any recognized therapy. Sexual intimacy between patient and provider is never appropriate, is illegal, and should be reported to the Department of Regulatory Agencies. If you have any concerns or complaints about licensed mental health practitioners, you can contact the State Grievance Board.

### INSURANCE

Many insurance policies provide partial to total coverage for mental health services. Your insurance is a contract between you and your insurance company; it is not an agreement between the insurer and our agency. This means that your account with SCA is **your responsibility** regardless of insurance coverage which may exist. With the exception of contracted Managed Care Organizations, payment is expected at the time of service. Patients with contracted managed care plans agree to pay in full any amount due for co-pays or deductibles as well as all non-covered services including, but not limited to, testing, educational resources, and telephone consultations.

### CANCELLATIONS/MISSED APPOINTMENT

We understand that it may, at times, be necessary to cancel an appointment. To help us be most efficient and responsible in the use of our time, we require that **any changes or cancellations be made at least 24 hours in advance any workday, Monday through Friday**. If there is a need to cancel a Monday appointment, that cancellation would need to be made **by the Friday before the appointment**. **Any changes or cancellations received less than 24 hours in advance may be charged the regular per-session rate. Any missed appointment with no call received will be charged the regular per-session rate.** Most insurances do not cover missed appointment charges.

**CLIENT RIGHTS AND IMPORTANT INFORMATION**

1. You are entitled to receive information from your provider about methods of therapy, the techniques used, the duration of your therapy, and your provider’s fee. Please ask if you would like to receive this information.
2. You may seek a second opinion from another provider or terminate therapy at any time.
3. In a professional relationship (such as your relationship with your provider), sexual intimacy between a provider and a client is never appropriate. If sexual intimacy occurs, it should immediately be reported to the Board that licenses, certifies or registers the provider.
4. The information provided by the client during therapy sessions is legally confidential in the case of licensed marriage and family providers, social workers, professional counselors, and psychologists; licensed or certified addiction counselors; and registered psychoprotectors, except as provided in section 12-43-218 and the HIPAA Notice of Privacy Rights you were provided. Certain legal exceptions will be identified by the licensee, registrant, or certificate holder should any such situation arise during therapy.
5. There are several exceptions to confidentiality which include:
  - (a) Your provider is required to report any suspected incident of child abuse or neglect to law enforcement;
  - (b) Your provider is required to report any serious threat of imminent physical violence against a specific person or persons, including those identifiable by their association with a specific location or entity;
  - (c) Your provider is 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;
  - (d) Your provider is required to report any suspected threat to national security to federal officials;
  - (e) Your provider may be required by Court Order to disclose treatment information;
  - (f) Your provider is required to report suspected neglect, abuse, or exploitation of elderly individuals; and
  - (g) SCA as an organization considers it an ethical obligation to report mistreatment, neglect, or exploitation of at-risk adults. This includes suspected and/or observed incidents that involve adults who are at-risk due to physical or mental causes.
6. In compliance with Colorado State law, all documents related to your care may be shredded seven (7) years after last clinical contact or after client turns 18 years 6 months, whichever is later.

**SUPERVISION**

As part of our commitment to quality care, all providers participate in individual supervision. **Monica** receives direct and regular individual supervision by **Larry Sanders, M.D. (office phone 303-798-5002)**. In order to provide thorough, competent supervision and quality care, the supervisor may, at times, determine that it is valuable for a session to be video or audio taped. In that event, you will be informed of such and asked to sign a consent form before any taping is done.

**FINANCIAL AGREEMENT AND AUTHORIZATION FOR TREATMENT**

I authorize treatment of the person named below and agree to pay all fees for such treatment. I agree to pay all charges for me and members of my family shown by statements promptly, upon presentment thereof, unless credit arrangements are agreed upon in writing. Charges shown by statements are agreed to be correct and reasonable unless protested in writing within thirty (30) days of billing date.

It is agreed that payments will not be delayed or withheld because of any insurance coverage or dependency upon those payments and all proceeds of insurance payments are assigned to SCA, where applicable, until remaining charges have been paid. It is also understood that SCA will not assume responsibility for the collection of insurance payments. Accounts with no financial activity for 30 days may be sent to a collection agency.

I attest that I have read this information sheet, that I have been given a biography, am aware of my physician assistant’s degrees and credentials, that I understand the conditions as stated above, and I agree to receive psychiatric care under these conditions.

\_\_\_\_\_  
Client’s name printed

\_\_\_\_\_  
Client’s name if different than the Guarantor

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Signature of Spouse (when in joint therapy)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date