



negotiate a payment installment plan. By signing this Agreement, you understand that you are legally responsible for payment for your therapy services including co-pays and/or fees towards your deductible at the time of service. You also understand that signing this form gives permission to Journey Inward Counseling to communicate with your third-party payor, collections agency, or anyone connected to your funding source regarding payment. Failure to pay will be a cause for termination of therapy services. Actual insurance coverage is an agreement/arrangement between you and your carrier.

There are limited spaces available for reduced fee clients. Please talk to your therapist to check this availability.

**Account Balances:** We cannot allow clients to carry balances. We will try our best to keep you informed of insurance billing and payments, but if your account becomes past due we will need to cancel future appointments until payment is resolved. Please understand that we must abide by this policy in order to continue offering services to our clients. Please understand that credit and collections policies are a necessary part of assuring the financial resources needed to maintain this office for clients and the community.

**Payments are due** at the time of the session via cash, check, or credit card. You will be notified 30 days prior to any change in fees. We cannot allow clients to carry balances. All accounts that are not paid within 30 days from the date of service for self-pay clients, shall be considered past due. If your account is past due and may be subject to interest and re-billing fees. Please be advised that Journey Inward Counseling, LLC may be obligated to turn your account over to a collection agency or seek collection with a civil court action. By signing below, you agree that your therapist may seek payment for your unpaid bills with the assistance of a collection agency. Should this occur, your therapist will provide the collection agency or court with your name, address, phone number, and any other directory information, including dates of service or any other information requested by the collection agency or court deemed necessary to collect the past due account. Journey Inward Counseling will not disclose more information than necessary to collect the past due account. You will be notified of the intention to turn your account over to a collection agency or the court by sending such notice to your last known address.

**No-show and Cancellation Policy:** Your visit has been reserved especially for you. 24-hour notice is required in order to cancel your appointment with no charge, excluding emergencies. If you do not call to cancel or reschedule your appointment, it is considered a “no-show.” The fee for the first no-show is waived. You will be charged \$75 for all subsequent no-shows. Please complete the **Credit/Debit Card Information Form** – this information can be utilized for your regular payment and/or in the case of a no-show. In the event of sudden illness or an emergency, please contact your therapist to determine if an exception can be made to this policy.

**Are our sessions covered by insurance?** In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. You should always check with your insurance provider to determine what coverage you have for behavioral health. You can also check to see which of our therapists are contracted with your insurance panel. Many insurance providers require that you receive an authorization prior to your first visit, so please ask your insurance company about this as well. While our staff may be able to assist you with insurance questions, please understand that your insurance coverage is an agreement between you and your insurance company. You are responsible for checking into your insurance coverage and benefits. You are ultimately responsible for your bill. If you have a health plan for which the therapist is a contracted provider, Journey Inward Counseling will bill your insurance claim for you. If the therapist is not a covered provider for your insurance plan, you will be required to pay for your sessions and Journey Inward Counseling will be happy to provide you with the necessary claim forms for you to submit to your insurance company.

Insurance companies **do not** reimburse for broken appointments. If you are more than 10 minutes late to your scheduled appointment, you may be required to reschedule and may be required to pay the missed appointment fee. If a client has more than 2 missed or late appointments where there is either no call or it is late notice for the cancellation, the client may lose their appointment time and be placed on a waiting list. In addition, you may be required to pay missed appointment fees and sign an attendance policy prior to reinstatement of treatment.

**Additional charges will be made for the following services provided at the rates listed:**

Attending meetings, report writing, and client-requested consultation with other professionals will be charged at the normal hourly rate but will be prorated to the nearest quarter hour.

Out of session e-mails and phone calls lasting longer than 15 minutes will be charged the normal hourly rate and tallied in 15-minute increments.

Court and/or legal-related matters on your behalf are charged at a higher rate of \$300.00 per hour. This includes, but is not limited to: attorney fees your therapist may incur in preparing for the requested legal services, case research and preparation, report writing, travel, depositions, actual testimony, cross examination time, and courtroom waiting time, even if your therapist is subpoenaed by another party.

**When more than one person is responsible for payment**, all parties' credit cards must be on file. If there is nonpayment for 2 sessions by any party, treatment will stop until payment disputes are resolved. Journey Inward Counseling, LLC will not be responsible for resolving payment disputes; this must be worked out amongst the paying parties. Please be aware that your appointment time may not be reserved for you during this time.

**Client Rights**

**Therapy is a journey** for you/your child that can lead to health and healing. There is no guarantee that psychotherapy will yield positive or intended results. Although every effort will be made to provide a positive and healing experience, every therapeutic experience is unique and varies from person to person. Results achieved in a therapeutic relationship with one person are not a guarantee of similar results with all clients. Therapy is a collaborative effort and requires commitment from you/your child. The therapist's role in your/your child's journey is not to "fix" but to facilitate your/your child's journey towards health. This requires that you communicate in a respectful manner towards your/your child's therapist, that you remain on the premises during your child's session, that you/your child will maintain a commitment to therapy "homework" agreed upon with your therapist. You can expect to be involved in your treatment planning and goal setting. During an initial session, you will discuss with the therapist your goals and the ways in which you will know when things have improved. A decision will be made collaboratively about which type of therapeutic modality best will suit you and your needs.

You have the right to know about the possible harmful effects of therapy. There can be clear harm from clients' requests to use medical insurance for psychotherapy. Harmful events may include: denial of insurability when applying for medical and disability insurance due to DSM-V-TR diagnosis (mental illness diagnosis, which are usually required for reimbursements under medical insurance); company mis(control) of information when claims are processed, loss of confidentiality due to the large number of persons handling claims; loss of employment, and repercussions of diagnosis in situations which require truthfulness about "mental illness", including driver's license applications, concealed weapon permits, and certain job applications. In addition, therapy will require that firm efforts be made to change and may involve the experiencing of significant discomfort. Therapeutically resolving unpleasant events and relationship patterns can arouse intense feelings. Seeking to resolve problems can similarly lead to discomfort as well as relationship changes that may not be originally intended. Some people experience no improvement in their situations and a few may even think their situation is worse after treatment. When you begin treatment, you have agreed to this sort of risk.

Everyone is expected to conduct themselves in a responsible manner. A session should not be held when anyone is under the influence of a nonprescription drug, including alcohol or marijuana. Violence (physical or verbal) is never acceptable. Weapons, including anything that might be used as a weapon are also strictly prohibited. Any of this behavior may result in the discontinuation of a session, termination of services, and/or, if necessary, calling the proper authorities. Racism, sexism, and other forms of discrimination are not permitted. In a professional relationship, sexual intimacy is never appropriate and should be reported to the *Department of Regulatory Agencies, Division of Registrations, Mental Health Boards, 1560 Broadway, Suite 1350, Denver, CO 80202.*

You have a right to **confidentiality**. Within the limits of the law, information by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your written permission. Additionally, when more than one family member is being seen in therapy, the therapist views the family as a whole as the client. Therefore, releases of information for family sessions require the written approval of every consenting member of the family who was present during the treatment.

The information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes, and the HIPAA Notice of Privacy Rights you were provided as well as other exceptions in Colorado and Federal Law. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: <http://www.dora.state.co.us/mental-health/Statute.pdf>. Some situations are as follows:

- a. If you threaten grave bodily harm or death to another person, a therapist required by law to inform this person of the threat and also inform the local law enforcement agency.
- b. If you express a clear intent of harming yourself, the therapist is required by law to report this to local authorities or qualified mental health agency.
- c. If a court of law issues a legitimate court order (signed by a Judge), the therapist is required by law to provide the information specifically described in that order.
- d. If you reveal information relative to child abuse, child neglect, or elder abuse, the therapist is required by law to report this to the appropriate authority.
- e. If you are in therapy by order of a court of law, the results of treatment ordered must be revealed to the court.
- f. If you are seeking payment through an insurance company, the therapist will be required to reveal confidential information to them (each insurer is different).
- g. Our practice may disclose IIHI/PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose IIHI/PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

**If your family is in the process of a divorce**, please keep in mind that both parents have the right to information pertaining to their child/children, unless a court determines otherwise. All parents are asked to sign a communication agreement which allows (but does not require) the therapist to communicate with both parents and share any communications between one parent and the therapist with the other parent. If you are consenting to treatment and therapy services for your minor child/ren, you must produce the Court Order Custody Agreement and/or Parenting Plan that grants you the authority to consent to mental health services for your minor child/ren. Further, you understand and agree to keep your therapist informed of any proceedings or supplemental court orders that affect your parenting rights, custody arrangements, and decision-making authority. You understand that failing to provide the Court Order Custody Agreement and/or Parenting Plan will prohibit your therapist from providing therapy to your minor child/ren. Please keep in mind that it is outside the guidelines and beyond the scope of ethical practice for a therapist to give opinions about custody and parenting time. Any request for custody recommendations will be denied. The court is able to appoint professionals with the expertise to make such recommendations.

**Social Media.** You understand that your therapist does not accept personal Facebook, LinkedIn, Twitter, Instagram, and/or other friend/connection/follow requests via any social media. Any such request will be denied in order to maintain professional boundaries. You understand that Journey Inward Counseling, LLC has, or may have, a business social media account page. You understand that there is no requirement that you “like” or “follow” this page. You understand that should you “like” or choose to “follow” Journey Inward Counseling, LLC’s business social media page that others will see your name associated with “liking” or “following” that page. You understand that this applies to any comments that you post on *Journey Inward Counseling, LLC’s* page/wall, as well. You agree that you will contact your therapist with any therapeutic comments and/or questions through the mode you have consented to and not through social media. If you have any questions regarding social media, review websites, or search engines in connection to your therapeutic relationship, you agree to immediately contact your therapist and address those questions.

**Clients who indicate self-harming, suicidal, or homicidal thoughts or behaviors** will be asked to sign a safety plan outlining a specific plan of action to be followed during the course of therapy

**Communication by Unsecure Transmissions.** By signing this Agreement you allow Journey Inward Counseling, LLC to contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Any information that is not provided in-person shall be provided in accordance with *Journey Inward Counseling, LLC’s* form: Consent for Communication of Protected Health Information By Unsecure Transmissions. You understand that if you initiate communication via electronic means that you have not specifically consented to in the Consent for Communication of Protected Health Information By Unsecure Transmissions form, you will need to amend the consent form so that your therapist may communicate with you via that method.

### **Treatment Options & Process**

**If you are receiving family therapy**, please know that, “the family is the client,” and that our therapists maintain a strict “no secrets” policy. This means that information revealed to the therapist by one family member must be revealed to all family members, as it is neither therapeutically beneficial nor ethically correct for family members to be kept unaware of family secrets. The therapist will guide the family if this situation occurs and will model good communication skills.

***PCIT Parent-Child Interaction Therapy:*** PCIT is a proven parent-child treatment program that assists parents of children with behavioral problems (aggression, non-compliance, defiance, and temper tantrums). PCIT is a unique treatment program that focuses on promoting positive parent-child relationships and interactions while teaching parents effective child management skills. PCIT is effective due to the use of direct coaching of parent-child interactions. Therapy sessions are 45 minutes. PCIT is goal-directed; therefore, the number of sessions varies depending on the speed of movement towards goal attainment. An average number of sessions is 16-20.

**Training and Supervision:** In order to ensure the high quality of services, there is the possibility of supervised observation/videotaping of sessions by clinic staff associated with our practice for the purpose of training ONLY, and such recordings will not be considered part of your client health or medical record. Such observations/taping will be discussed prior to their occurrence, and you have the right to decline if you wish. You have the right to ask for names of current staff, supervisors, interns or other persons associated with our practice. Confidentiality as explained above will continue to be upheld with respect to divulging any information outside of our practice. My initials provides understanding for the possibility of such observation and/or recording with notice given in advance.

**Non-emergency Services.** Journey Inward Counseling provides non-emergency services during stated business hours and by scheduled appointment only. Therapists will return calls during stated business hours and after hours as required by clients who are in-network with various insurance companies.

**Discontinuing Therapy.** You understand that should you choose to discontinue therapy for more than 60 days by not communicating with your therapist, your treatment will be considered terminated. You may be able to resume therapy after the 60 day period by discussing your decision to resume therapy services with your therapist. Ability to resume therapy after 60 days will depend upon your therapist's availability and will be within his/her sole discretion. Your Disclosure Statement/Informed Consent for Treatment and these Policies will remain in effect should you resume therapy if one (1) year has not elapsed since your last session. However, you may be asked to provide additional information to update your client record. You understand that "discontinuing therapy" means that you have not had a session with your therapist for at least 60 days, unless otherwise agreed to in writing.

**Teletherapy and Technology.** Journey Inward Counseling and its therapists provide Teletherapy, such as therapy over the phone or video chat on HIPAA compliant platforms. You understand that communications via email and text should be limited to administrative purposes (like scheduling or notification of delayed arrival), and not used as an avenue for therapy.

***I have read and understood the information presented to me and have had the time to study the information and ask any questions concerning the proposed treatment and services. In addition, I have received a copy of this document for my own records if requested. I acknowledge that in addition to this form, I have seen, been offered a copy of, and agree with the terms of the Health and Information Privacy Practices policy (HIPAA). I agree to participate in the therapy process in accordance with the terms that have been explained.***

Please electronically sign this document after reading it. If you have any difficulty understanding this process, please contact your therapist to assist you.

*The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Department of Regulatory Agencies, Mental Health Section can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a Masters Degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a Masters Degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1,000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelor degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required. A Registered Psychotherapist is listed in the State's database and is a psychotherapist authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.*

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**Lori Allen, Licensed Clinical Social Worker (CSW.09925304)**

Master of Social Work, The University of Chicago  
Bachelor of Arts in Behavioral Science, Metropolitan State University of Denver  
Registered Yoga Teacher (200 hours) and Certified Meditation Teacher

**Sarah Carlson, Licensed Marriage and Family Therapist (CO 806; CA MFC 36338)**

Masters in Marriage and Family Counseling from California State University, Fullerton  
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