Healing Horizons

Integrated Health Solutions

Welcome to Healing Horizons Integrated Health Solutions

BEHAVIORAL HEALTH CONSENT

THERAPIST NAME:	Leslie S. Kittel, LPCC, NCC
LPCC/NCC NUMBERS:	LPCC #0015664/NCC #757952
AGENCY NAME:	Healing Horizons
BUSINESS ADDRESS:	2139 N 12th Street, #7, Grand Junction, CO 81501
DEGREE(S):	MA: Clinical Mental Health Counseling
EDUCATIONAL TRAINING:	Colorado Christian University
CREDENTIALS:	Masters of Professional Counseling; National Certified Counselor
CERTIFICATE/LICENSES:	LPCC #0015664/NCC #757952
SUPERVISOR:	Bill Wimsatt, Licensed Clinical Social Worker, Certified Addictions Counselor III, LCSW #753, CAC III 7079

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. Questions or complaints may be addressed to:

THE BOARD OF LICENSED PROFESSIONAL COUNSELOR EXAMINERS
1560 Broadway, Suite 1350 * Denver, Colorado 80202 * (303) 894-7800
www.dora.state.co.us/reg_investigations/file_complaint.htm

1. The following paragraph is mandated by Colorado law:
   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 regulatory boards can be reached at 1560 Broadway, Suite #1350, Denver, Colorado 80202, (303) 894-7800. The regulatory requirements for mental health professionals provide that 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 Bachelors 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 Masters degree and meet the CAC III requirements. A Registered Psychotherapist is listed in the State's database and is 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.

2. You are entitled, to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy, if known, and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

3. Generally speaking, information provided by and to a client in a professional relationship with a psychotherapist is legally confidential and the therapist cannot disclose the information without the client's consent. However, there are exceptions to confidentiality that include, but are not limited to, **mandatory** reporting of: (1) a suspected or disclosed incident of child abuse or neglect, (2) sexual misconduct by another therapist; (3) a threat made by a client of imminent physical harm toward him/herself or another; (4) any suspected threat to national security; and (5) a client who is gravely disabled, (6) disclosures pursuant to federal and/or state court orders, (7) subpoenaed testimony in criminal court cases and orders to violate privilege in child-custody, divorce, and other court cases. Other situations where disclosure may occur include elder or spousal abuse.

4. COMMUNICATION BETWEEN SESSIONS
   If you need to reschedule a session or briefly share non-emergency information between sessions with me, you may reach me by phone: (970) 256-8449. You are welcome to leave a voicemail. I will return all phone calls within 48 hours during the work week (Monday-Friday). If there is an emergency situation or crisis, please call **911** or the Mind Springs crisis line at **(888) 207-4004.**

5. CANCELLATION POLICY
   I understand payment is due at the time of service, and I agree to address any financial challenges with Healing Horizons prior to treatment. I understand that except under extraordinary circumstances, I must call to cancel an appointment 24 hours in advance to avoid paying a cancellation fee. Monday appointments must be cancelled on the previous Friday to avoid the fee. Healing Horizons cancellation fee is 50% of the fee for the service that was scheduled, with patients allowed one late cancellation per year without charge. ***Please initial***_____

6. PROFESSIONAL RECORDS
   Under Colorado law, C.R.S. § 14-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, rather than session notes, consistent with Colorado law.

7. HIPAA
   Healing Horizons Integrated Health Solutions is HIPAA (Health Insurance Portability and Accountability Act) compliant. A complete copy of HIPAA guidelines is available upon request.

8. ELECTRONIC COMMUNICATION
   At times you may wish to contact Healing Horizons via email, or vice versa, for communication which may contain protected health information. ***Please initial for consent***_____

9. RELEASE OF INFORMATION (ROI)
   I understand that the following providers will be present at Healing Horizons collaborative care meetings in which my care may be discussed: *April Schulte-Barclay*, DAOM, Lac; *Joseph Ellerin*, Lac, LMT, Dip. Hom, CST; *Koko Evans*, Lac; *Paula King*, PhD; *Leslie S. Kittel*, LPCC, NCC; *Don Girodo*, LMT; *Cierra Hall*, LMT; *Krissy Mays*, LMT, CST; *Joseph D. Heinecke*, BS, DC; and *Carolyn Gochee*, DC. I also understand that other methods of collaboration, such as confidential email and private electronic group communication, may be used to coordinate my care in accordance with HIPAA regulations. ***Please initial for consent***_____

I have read the preceding information and I understand my rights as a client or as the client's responsible party. I am fully aware of what I am signing. I consent to therapy, including evaluation, treatment and/or referral.

x Print Client's Name	
x Date of Birth	
x Client's Signature or Signature of Parent/Guardian/Authorized Representative *(Guardian or Authorized Representative must attach documentation of such status.)*	x Relationship or Capacity to Client
Date	