



COUNSELING INFORMATION, DISCLOSURE OF CLIENT RIGHTS, AND CONSENT TO TREATMENT

EVALUATION AND INTAKE

You will be interviewed to evaluate your needs and situation, to determine the desirability of beginning counseling at Centus Counseling, Consulting and Education to identify counseling goals, and if appropriate, to be provided with a referral elsewhere.

RIGHTS OF CLIENTS

The Colorado Department of Regulatory Agencies, which regulates the practice of licensed and unlicensed individuals who practice psychotherapy, requires that the following information be given to psychotherapy clients. A client is entitled to receive information from the therapist about degrees and credentials, methods of therapy, techniques used, the possible duration of therapy, and the fee structure. You may seek a second opinion from another therapist or terminate therapy at any time. In a professional relationship, sexual intimacy between a therapist and a client is never appropriate. Information about your rights regarding confidentiality is detailed below.

If you have any concerns or complaints about a counselor, you may contact the Executive Director of Centus Counseling, Consulting and Education at the address and phone number shown at the end of this document. You also may contact the State Grievance Board at 1560 Broadway, Suite 1370, Denver, Colorado 80202 or by phone at 303-894-7766.

THERAPEUTIC PRACTICES

Centus' methods of treatment are based on standard psychological practices and techniques enhanced by the counselor's theological perspective. These methods are utilized in conjunction with the client's values and belief systems, including the client's religious or spiritual perspective. Specific information regarding your therapist is found in the Staff Description you will be given in the initial session.

FEES AND PAYMENT

Our fees are stated in the Financial Information and Agreement form, which you will complete with your counselor in the initial interview. Fees are based on the standard therapeutic hour, which is a 45 to 50 minute session. Payment will be arranged according to options in the Financial Information and Agreement.

Each check that is returned because of insufficient funds will result in a charge to you of \$15.00 plus bank charges. A collection agency may be used for accounts that are more than 30 days overdue. You specifically waive any right to confidentiality regarding financial information given by Centus to a collection agency.

INSURANCE

You are responsible for determining if your health insurance covers psychotherapy through Centus. If your mental health benefit is accessed through a managed care agency, Centus will file your claims. If you have regular indemnity insurance, you may choose to file your claims or have Centus file the claims for you. Centus does not guarantee that your insurance company will pay your claim. **You are responsible for your account balance.** The Financial Information and Agreement completed at the first session includes a release that allows Centus to provide necessary information to your insurance company.

APPOINTMENTS AND CANCELLATIONS

All appointments are made directly with your counselor. **If you are unable to keep a scheduled appointment, please notify your counselor or leave a message on Centus' voice messaging system at least 24 hours in advance.**

All clients will be charged their agreed upon fee for cancellations made with less than 24 hours notice or for failure to show for an appointment. *Note: This charge is not covered by insurance.* Unforeseen emergency situations will be taken into account.

[OVER]

CONFIDENTIALITY

Information you provide during counseling is legally confidential except under certain circumstances as detailed in Colorado Statutes, or certain other legal circumstances which may arise. Information may not be released to individuals or agencies outside of Centus without your signed authorization, except in those legal situations as noted. **Therapists are required by law to report, or cause to be reported, the threat of homicide or suicide and threats of serious harm to self or others, as in the case of child abuse or child neglect.**

Additional issues regarding potential sharing of confidential information are presented in detail in the Notice of Centus Counseling, and Education’s Privacy Practices, a copy of which you will receive during your initial session.

CONSULTATION, EDUCATION, AND SUPERVISION AUTHORIZATION STATEMENT

The undersigned authorize(s) that material from counseling session(s) and/or confidential file(s) may be discussed with appropriate Centus staff and/or professional consultant(s) for purposes of consultation, education or supervision. All information will be handled professionally and confidentially. Such discussions enable the counselor to render better service and increase his or her effectiveness in your sessions.

MAINTENANCE OF CLIENT RECORDS

Client files are the property of Centus Counseling, Consulting and Education and are maintained in strict confidence, in accordance with applicable state and federal laws and professional standards.

EMERGENCIES

Centus does not provide “emergency services”. For life threatening situations, please call 911 or go to your nearest emergency room. In the case of urgent concerns after business hours, you may contact the staff therapist on-call at 720-272-4715. (This is a cell phone number, and because of wireless technology, may be less secure than transmissions made through telephone wires.)

TERMINATION AND EVALUATION

Although you may end treatment at any time, Centus prefers that you have at least one face-to-face termination session with your counselor rather than terminating by phone, mail, or dropping out of treatment without notice. This final session allows time to close the therapeutic process.

At termination, you will be sent an Evaluation of Services and Practices Form. Your written feedback is appreciated and will be used to evaluate and improve services offered by Centus.

GENERAL CONSENT TO COUNSELING

I consent to begin counseling, including evaluation, treatment, or referral. I agree to pay for counseling services, including medical, psychological or psychiatric consultation fees and testing charges.

I have read this form and I understand and agree to the policies described herein. I have been informed, in writing, of my counselor’s degree(s), credentials and license(s). Additionally, I have been given a copy of the supplemental document, *Notice of Centus Counseling, Consulting and Education’s Privacy Practices*, and understand it to be incorporated as part of this disclosure and consent. A copy of this document has been given to me for my records.

Date _____

Client Signature(s):

Parent or guardian for a minor

Counselor

Centus Counseling, Consulting and Education

Mailing Address: Iliff, 2201 S University Blvd, Denver, CO 80210 • 303-639-5240 • www.centus.org