

Disclosure and Consent to Treatment

Integrative Therapeutic Solutions

Uptown Denver: 1756 High St. ♦ Denver, CO ♦ 80218

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Service Provider:

Dr. Jessica A. Dolgan

Licensed Clinical Psychologist

Colorado License Number: 2996

Education/Degrees:

Doctor of Psychology

University of Denver, 2004

Master of Arts, Clinical Psychology

University of Denver, 2002

Bachelor of Arts, Psychology

University of Colorado, 1999

Regulation of Mental Health Professionals:

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 Board of Psychologist Examiners 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 1000 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 masters 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.

Client Rights and Important Information:

- 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 as listed above.
- Generally speaking, the information provided by and to a client during therapy sessions is legally confidential and may not be disclosed without the client's consent. There are exceptions to the general rule of legal confidentiality, some of which are listed in the Colorado Revised Statutes (C.R.S. 12-43-218) as well as other exceptions in Colorado and Federal law. Examples of such exceptions include but are not limited to a client who is an imminent danger to self or others and a report or evidence of child abuse or neglect.
- Any person who alleges that a mental professional has violated the licensing laws related to the maintenance of records of a client eighteen years of age or older, must file a complaint or other notice with the licensing board within seven years after the person discovered or reasonably should have discovered this. Pursuant to law, this practice will maintain records for a period of seven years commencing on the date of termination of services or on the date of last contact with the client, whichever is later.
- If you have any questions or would like additional information regarding your patient rights, please direct these to your clinical provider.

Financial Agreement

Standard Service Fees:

Please review the rates for the following services. The rates listed below are based on a 55-minute clinical hour. Therapeutic sessions lasting over 55-minutes in length may be subject to additional service fees.

- Individual Adult, Adolescent, Child, Couple, or Family Sessions: \$210
- Phone Consultation: \$210
- Professional Consultation \$210
- If a report, letter, or consultation with an outside party is requested, I understand I will be billed for any time needed to prepare documentation or to conduct an in-person or phone consultation. My therapist's standard service fee (detailed above) will apply.

Military and Public Safety Worker Discount:

ITS provides a 10% discount on all services to all Military Personnel and Public Safety Workers (Police, EMT/Paramedic, Firefighter). Please tell your provider if you qualify for this discount.

ITS Scholarship Program:

At ITS, we have made a consistent commitment since our opening in 2003 to serve those in need; our practice has been dedicated to reducing the obstacle associated with paying for treatment for individuals who are struggling financially. We deeply believe that all people deserve access to quality psychological service. ***Our ITS Scholarship Program assists families with household incomes of up to 300% of the national poverty guidelines.*** Applications may

be requested from your provider.

Forms of Payment & Payment Policies:

This practice accepts the following forms of payment: Visa, MasterCard, Discover and personal checks or cash. Clients will be responsible for payment at the time services are rendered.

Cancellation Policy:

In the event you need to cancel an appointment, please provide notice to your therapist within 24 hours of your scheduled appointment time. If sufficient notice of a cancellation is not provided, or no notice is given at all, your therapist's standard service fee as agreed upon in this disclosure will be assessed for that session.

Policy for Non-Payment:

ITS will make every attempt to develop a payment plan with any client struggling to pay a past due balance. In the event these billing efforts fail, outstanding balances may be subject to collections and interest.

Insurance:

This practice does not directly bill through any insurance or medical plan; however, insurance-ready statements with all necessary diagnostic information, dates of service, and service codes included, will be securely encrypted and emailed to you at the end of each month, detailing direct payments you have made to the practice. These statements can be used to initiate the reimbursement process privately through your insurance company.

Additional Information

Emergency Services:

This practice does not provide 24 hr. emergency service. In the case of a life-threatening emergency, please call 911 or go directly to your nearest emergency room. Phone calls placed to the practice and/or to your provider will be returned by the end of the next business day.

Electronic Communication Policies:

In order to best secure your privacy and meet ethical and legal standards within the practice of psychology, ITS holds the following policies:

Email Communications

Email communication is used for administrative purposes only, unless you have made a specific agreement with your provider. This means that email exchanges should be limited to things like setting and changing appointments, billing matters, and other related issues. Please do not email your provider about clinical matters, as email is not a secure form of communication. If you need to discuss a clinical matter outside of your scheduled appointment time, please call your provider to request a phone appointment and/or schedule the soonest available in person appointment.

Text Messaging

Because text messaging is not secure and is an impersonal mode of communication, ITS providers do not text message with their clients. Moreover, our phone system does not have the ability for text messaging and any text messages sent will not be received.

Social Media

ITS providers do not communicate with clients via social media platforms like Twitter and Facebook. In addition, if an accidental online relationship is made or discovered it will be canceled immediately. These casual social connections are not appropriate to the therapeutic relationship.

As always, any questions about these policies are welcome and you may discuss them with your provider.

Consent For Treatment

I have read the preceding information and I voluntarily consent to receive mental health and/or consultative services (for myself and/or my dependent).

I understand my rights as a client and/or as the client’s responsible party, the financial agreement, and the additional information about emergency services and clinical consultation.

Print Client’s Name

Signature of Client or Legal Guardian

Date

Signature of Client or Legal Guardian

Date